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### **BPPE Annual Report for 2015 - Institution**

**Tracking Number:** 2016111715300

**Report for Year:** 2015

**Institution Name:** Academy of Chinese Culture and Health Sciences

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 0103111

**Street Address (Physical Location):** 1600 Broadway, Suite 200

**City:** Oakland

**State:** California

**Zip Code:** 94612

**Check all that apply to this institution:**

**For profit institution:**

**Sole Proprietor:**

**Non-profit institution:** Non-profit institution

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:**  
yes

**Is this institution current on Annual Fees?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the**

**United States Department of Education? Include only full institutional approval, not programmatic approval:** yes

**If you answered yes to the question above, please identify the accrediting agency:**

Accreditation Commission for Acupuncture and Oriental Medicine

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** n/a

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?:** yes

**What is the total amount of Title IV funds received by your institution in 2015?:**

1638600

**Does your institution participate in veteran's financial aid education programs?:** yes

**What is the total amount of veteran's financial aid funds received by your institution in 2015?:** 10407

**Does your institution participate in the Cal Grant program?:** no

**What is the total amount of Cal Grant funds received by your institution in 2015?:** 0

**Is your institution on the California Eligible Training Provider List (ETPL)?:** yes

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** no

**What is the total amount of WIOA funds received by your institution in 2015?:** 0

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** no

**If yes, please indicate the name of the financial aid program:**

**The percentage of institutional income in 2015 that was derived from public funding:** 23

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution:** 6.7

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was:** 40

**Total number of students enrolled at this institution:** 202

**Number of Doctorate Degrees Offered:** 0

**Number of Students enrolled in Doctorate level programs at this Institution:** 0

**Number of Master Degrees Offered: 1**

**Number of Students enrolled in Master level programs at this institution: 163**

**Number of Bachelor Degrees Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 1**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 39**

**Institution's website:** <http://www.acchs.edu>

**Performance Fact Sheet:** <http://www.acchs.edu/prospective-students/admissions/>

**2015 Catalog:** <http://www.acchs.edu/downloads/>

**Annual Report:** <http://www.acchs.edu/prospective-students/about-acchs/>



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2016113052241

**Report for Year:** 2015

**Institution Code:** 0103111

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** MasterScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Traditional Chinese  
Medicine

**Number of Degrees or Diplomas Awarded:** 29

**Total Charges for this program (Report whole dollars only):** \$ 48924

**Number of Students Who Began the Program:** 33

**Students Available for Graduation:** 33

**On-time Graduates:** 24

**Completion Rate:** 73

**150% Completion Rate:** 15

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States**

**Department of Education?:**

yes

**PLACEMENT****Graduates Available for Employment: 29****Graduates Employed in the Field: 22****Placement Rate: 76****Graduates employed in the field 20 to 29 hours per week: 20****Graduates employed in the field at least 30 hours per week: 2****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 22****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: California Acupuncture Board****Name of Exam: CALE****Number of Graduates Taking Exam: 17****Number Who Passed the Exam: 9****Number Who Failed the Exam: 8****Passage Rate: 53****Is this data from the licensing agency that administered the exam?: yes****Name of Agency: California Acupuncture Board****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field:** California Acupuncture Board

**Name of Exam:** CALE

**Number of Graduates Taking Exam:** 22

**Number Who Passed the Exam:** 19

**Number Who Failed the Exam:** 4

**Passage Rate:** 86

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** California Acupuncture Board

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 29

**Graduates Employed in the Field:** 22

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 2

**\$20,001 - \$25,000:** 2

**\$25,001 - \$30,000:** 1

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2016113033217

**Report for Year:** 2015

**Institution Code:** 0103111

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Tuina Massage Therapy  
Certificate

**Number of Degrees or Diplomas Awarded:** 30

**Total Charges for this program (Report whole dollars only):** \$ 3500

**Number of Students Who Began the Program:** 38

**Students Available for Graduation:** 38

**On-time Graduates:** 29

**Completion Rate:** 76

**150% Completion Rate:** 3

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States**



**Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 30****Graduates Employed in the Field: 20****Placement Rate: 67****Graduates employed in the field 20 to 29 hours per week: 8****Graduates employed in the field at least 30 hours per week: 12****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 20****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: n/a****Name of Exam: n/a****Number of Graduates Taking Exam: 0****Number Who Passed the Exam: 0****Number Who Failed the Exam: 0****Passage Rate: 0****Is this data from the licensing agency that administered the exam?: no****Name of Agency: n/a****If the response to #28 was no, provide a description of the process used for attempting to contact students:**

There was no official licensing exam in California for massage therapists in 2014.

**Second Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field:** CAMTC

**Name of Exam:** CAMTC

**Number of Graduates Taking Exam:** 23

**Number Who Passed the Exam:** 20

**Number Who Failed the Exam:** 3

**Passage Rate:** 87

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** CAMTC

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 30

**Graduates Employed in the Field:** 20

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 5

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 10

**\$20,001 - \$25,000:** 5

**\$25,001 - \$30,000:** 0

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**