



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2019 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2019 BPPE Annual Report - Institution - General Info

Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

1. Report Year *		2. Institution Code *	
2019		92601623	
3. Institution Name (Enter Bureau approved institution name, if entering manually) *			
If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.			
Medical Education Institute			
4. Street Address (Physical Location) *			
2007 Wilshire Blvd Suite 604			
5. City *	6. State *	7. Zip Code *	
Los Angeles	CA	90057	
8. Check all that apply to the form of business organization of this institution: *		9. Number of Branch Locations *	10. Number of Satellite Locations *
For profit corporation		0	0

#### Fees / Accreditation

#### 2019 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)  
 Not Checked

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? *	11b. Is this institution current on Annual Fees? *
Yes	Yes

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? \*

No

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation below.

n/a

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. \*

No

## Financial

### 2019 BPPE Annual Report - Institution - Financial

For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

Display Instructions for #15 - #26 (Toggle)

Not Checked

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants) \*

No

16. Does your institution participate in veterans' financial aid education programs? \*

No

17. Does your institution participate in the Cal Grant program? \*

No

18. Is your institution on California's Eligible Training Provider List (ETPL)? \*

No

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? \*

No

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...)\*

No

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?

\$0.00

21. Provide the percentage of institutional income during this Reporting Year that was derived from public funding. \*

If none, indicate 0%

0

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) \*

No

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.

n/a

23. The percentage of institutional income in the reporting year that was derived from any non-government financial aid. \*

0

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \*

If Not Applicable, indicate 0%

0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. \*

If None, indicate 0%

0

26. The average amount of federal student loan debt of graduates who took out federal student loans at this institution. \*

\$0.00

## Offerings

## 2019 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)  
**Not Checked**

27. Total number of students currently enrolled at this institution. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students who cancelled during the cancellation period) January 1st through December 31st . \*

If none, indicate 0.

2

28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate 0.

0

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate 0.

0

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate 0.

0

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate 0.

0

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate 0.

0

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate 0.

0

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) \*

If none, indicate 0.

0

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate 0.

0

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) \*

If none, indicate 0.

3

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate 0.

2

Total Program Count

3

## Website / Uploads

Institution's Website

medicaleducationinstitute.net



**Bureau for Private  
Postsecondary Education**  
Department of Consumer Affairs

2019 Annual Report  
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for **EACH** educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

92601623

3. Institution Name? (Enter Bureau approved institution name, if entering manually)

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Medical Education Institute

Program Name

4. Name of Program \*

Medical Assistant

5. Program Level? Indicate the academic level of the program you are entering. (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.0801 - Medical/Clinical Assistant

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

31-9092 - Medical Assistants

## Financial and Graduation

### 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0".

1

9. Total Charges for this Program \*

\$9,475.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*

If none, indicate "0".

1

13. Number of Students Available for Graduation \*

If none, indicate "0".

1

14. Number of On-time Graduates \*

If none, indicate "0".

1

15. Completion Rate

This is a calculated field based on #12 and #13.

100

16. 150% Graduates?

0

17. 150% Completion Rate

0

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? \*

No

## Placement Data

### 2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

1

20. Graduates Employed in the Field \*

If none, indicate "0".

0

21. Placement Rate

This is a calculated field based on #19 and #20.

0

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

0

22b. at least 30 hours per week \*

If none, indicate "0".

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) \*

If none, indicate "0".

0

23c. Freelance/self-employed \*

If none, indicate "0".

0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

0

## Allied Health

### 2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Checked

## Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

\*Questions #24 - #25 are specific to Allied Health Professionals requiring clinical training.

If the institution does not offer educational programs for these specific allied health professions, requiring clinical training, skip this workflow.

**24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?**

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and

Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

24b.

**Enter the name(s) of clinical site(s).**

**Enter the License Number or Employer Identification Number to the corresponding site.**

**Enter Program Name.**

**Enter Total Number of students enrolled in this program.**

**Enter Number of Students Proficient in languages other than English.**

**25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.**

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

Yes

## Exam Passage Rate

### 2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)  
**Not Checked**

26. Does this educational program lead to an occupation that requires State licensing? \*

**No**

You have indicated "No" for question #22, please proceed to 'Salary Data'.

## Salary Data

### 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)  
**Not Checked**

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

**1**

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

**0**

24a. Select the Allied Health Professions requiring clinical training.

**Medical Assistant**

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name	License or FI EN #	Program Name	Total Number of Students	Number of Non-English Proficient Students
Santa Elena Medical Center	30-0539347	Medical Assistant	1	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
	0	

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

For graduates employed in the field, indicate their salaries/earnings below. If there are none in any specific range, indicate "0."

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	



## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2019 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for **EACH** educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

92601623

3. Institution Name? (Enter Bureau approved institution name, if entering manually)

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Medical Education Institute

### Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program \*

Diagnostic Sonography

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

29-2032 - Diagnostic Medical Sonographers

## Financial and Graduation

### 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0"

1

9. Total Charges for this Program \*

**\$30,875.00**

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*

If none, indicate "0"

1

13. Number of Students Available for Graduation \*

If none, indicate "0"

1

14. Number of On-time Graduates \*

If none, indicate "0"

1

15. Completion Rate

This is a calculated field based on #12 and #13

**100**

16. 150% Graduates?

0

17. 150% Completion Rate

0

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? \*

No

## Placement Data

### 2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0"

1

20. Graduates Employed in the Field \*

If none, indicate "0"

1

21. Placement Rate

This is a calculated field based on #19 and #20

**100**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0"

0

22b. at least 30 hours per week \*

If none, indicate "0"

1

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

1

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) \*

If none, indicate "0".

0

23c. Freelance/self-employed \*

If none, indicate "0".

0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

0

## Allied Health

### 2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

No

## Exam Passage Rate

### 2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? \*

No

## Salary Data

### 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

This field is auto-populated based on your entry in item 7.

1

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #33.

1

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

For graduates employed in the field, indicate their salaries/earnings below. If there are none in any specific range, indicate "0."

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
1	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for **EACH** educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

92601623

3. Institution Name? (Enter Bureau approved institution name, if entering manually) \*

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Medical Education Institute

### Program Name

#### 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program \*

Adult EChocardiography

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

29-2032 - Diagnostic Medical Sonographers

## Financial and Graduation

### 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0"

0

9. Total Charges for this Program \*

\$30,875.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

00

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*

If none, indicate "0"

0

13. Number of Students Available for Graduation \*

If none, indicate "0"

0

14. Number of On-time Graduates \*

If none, indicate "0"

0

15. Completion Rate

This is a calculated field based on #12 and #13.

16. 150% Graduates?

0

17. 150% Completion Rate

0

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? \*

No

## Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment \*

If none, indicate "0"

0

20. Graduates Employed in the Field \*

If none, indicate "0"

0

21. Placement Rate

This is a calculated field based on #19 and #20.

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0"

0

22b. at least 30 hours per week \*

If none, indicate "0"

0

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0"

0

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) \*

If none, indicate "0"

0

23c. Freelance/self-employed \*

If none, indicate "0"

0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0"

0

# Allied Health

## 2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)  
**Checked**

### Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

\*Questions #24 - #25 are specific to Allied Health Professionals requiring clinical training. If the institution does not offer educational programs for these specific allied health professions, requiring clinical training, skip this workflow.

**24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?**

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

**24b.**

**Enter the name(s) of clinical site(s).**  
**Enter the License Number or Employer Identification Number to the corresponding site.**  
**Enter Program Name.**  
**Enter Total Number of students enrolled in this program.**  
**Enter Number of Students Proficient in languages other than English.**

**25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.**

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

No

## Exam Passage Rate

### 2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)  
**Not Checked**

26. Does this educational program lead to an occupation that requires State licensing? \*

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

## Salary Data

### 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)  
**Not Checked**

43. Graduates Available for Employment

This field is auto-populated based on your entry in 41.

0

44. Graduates Employed in the Field

This field is auto-populated based on your entry in 41.

0

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

For graduates employed in the field, indicate their salaries/earnings below. If there are none in any specific range, indicate "0."

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	