

BPPE Annual Report for 2016 – HEMODIALYSIS TECHNICIAN

Institution Information

1. Report for Year: **2016**
2. Institution Code (Enter institutional code (main location)): **64494345**

Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Diploma/Certificate** If "Other", please specify: _____
4. Degree/Program Title: If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify: _____
5. Name of Program: **HEMODIALYSIS TECHNICIAN**
6. Number of Degrees or Diplomas Awarded: **36**
7. Total Charges for this program \$ **6,420**
8. Number of Students Who Began the Program: **37**
9. Students Available for Graduation: **36**
10. On-time Graduates: **36**
11. Completion Rate: **97%**
12. 150% Completion Rate:
13. 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

14. Graduates Available for Employment: **36**
15. Graduates Employed in the Field: -
16. Placement Rate: -
17. Graduates employed in the field 20 to 29 hours per week: -
18. Graduates employed in the field at least 30 hours per week: -
19. Indicate the number of graduates employed:
Single position in field:
Concurrent aggregated positions in field (2 or more positions at the same time):
Freelance/self-employed:
By the institution or an employer owned by the institution, or an employer who shares ownership with the institution:

Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing? No If "Yes", please provide the information below:
(For each of the last two years):

First Data Year

21. Year (YYYY): **2016**
22. Name of the licensing entity that licenses this field: **CDC**
23. Name of Exam: **CDC**
24. Number of Graduates Taking Exam: **25**

25. Number Who Passed the Exam: **24**

26. Number Who Failed the Exam: **1**

27. Passage Rate: **96%**

28. Is this data from the licensing agency that administered the exam? **YES**

Name of Agency : **CDC**

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

Second Data Year

30. Year (YYYY): **2015**

31. Name of the licensing entity that licenses this field: **CDC**

32. Name of Exam: **CDC**

33. Number of Graduates Taking Exam: **30**

34. Number Who Passed the Exam: **28**

35. Number Who Failed the Exam: **2**

36. Passage Rate: **93.3%**

37. Is this data from the licensing agency that administered the exam? **YES**

Name of Agency : **CDC**

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

39. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

Salary Data

40. Graduates Available for Employment: **36**

41. Graduates Employed in the Field:

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

\$0 - \$5,000:

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

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

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