



Department of Consumer Affairs

Bureau for Private Postsecondary Education

You can now [Print this page](#) for your records.

After printing, you can proceed to enter in your [Program](#) data

BPPE Annual Report for 2014 - Institution

Tracking Number: 2015082592931

Report for Year: 2014

Institution Name: California Health Sciences University

Institution Code (If an institution has branch locations the institution code is the school code for the main location): 40231830

Street Address (Physical Location): 120 N. Clovis Ave

City: Clovis

State: California

Zip Code: 93612

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 your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval: no

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

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

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?: no

What is the total amount of Title IV funds received by your institution in 2014?:

Does your institution participate in veteran's financial aid education programs?: no

What is the total amount of veteran's financial aid funds received by your institution in 2014?:

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

What is the total amount of Cal Grant funds received by your institution in 2014?:

Is your institution on the California Eligible Training Provider List (ETPL)?: no

Is your institution receiving funds from the Work Investment Act (WIA) Program?:
no

What is the total amount of WIA funds received by your institution in 2014?:

Does your institution participate in, or offer any additional financial aid program?
yes

If yes, please indicate the name of the financial aid program: Private student loans through Sallie Mae and iHelp

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: 0

The percentage of students who in 2014 received federal student loans to help pay their cost of education at the school was: 0

The percentage of institutional income in 2014 that was derived from public funding.: 0

Number of Doctorate Degrees Offered: 1

Number of Students enrolled in Doctorate level programs at this Institution: 73

Number of Master Degrees Offered: 0

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

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 I programs at this institution: 0

Number of Diploma or Certificate Programs Offered: 0

Number of Students enrolled in Diploma or Certificate programs at this institution:
0

Link to your Institution website: <http://chsu.org>

Link to your Performance Fact Sheet if it appears on your website:
<http://chsu.org/wp-content/uploads/2014/02/CHSU-SPFS-For-Web.pdf>

Link to your Catalog if it appears on your website: <http://chsu.org/documents/CHSU-2015-2016-General-Catalog-7-16-15.pdf>

Link to your Annual Report if it appears on your website:



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR
you can begin to enter in [Branches](#) data

BPPE Annual Report for 2014 – Programs

Tracking Number: 2015082593859

Report for Year: 2014

Institution Code: 40231830

INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

Degree/Program Level: Doctorate

If Other, please specify:

Degree/Program Title: OtherDoctorate

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

Name of Program (e.g. Business Administration, Massage, etc.): Pharm D

Number of Degrees or Diplomas Awarded: 0

Total Charges for this program (Report whole dollars only): \$ 171595

Number of Students Who Began the Program: 0

Students Available for Graduation: 0

Graduates: 0

Completion Rate: 0

150% Completion Rate: 0

**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: 0

Graduates Employed in the Field: 0

Placement Rate: 0

Graduates employed in the field an average of less than 32 hours per week: 0

Graduates employed in the field an average of 32 or more hours per week: 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):

Name of the licensing entity that licenses this field: National Association of Boards of Pharmacay

Name of Exam: NAPLEX

Number of Students 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?: yes

Name of Agency:

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

Second Data Year (YYYY):

Name of the licensing entity that licenses this field:

Name of Exam:

Number of Students Taking Exam:

Number Who Passed the Exam:

Number Who Failed the Exam:

Passage Rate:

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

Name of Agency:

If the response 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: 0

Graduates Employed in the Field: 0

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

\$0 - \$5,000.00: 0

\$5,001.00 - \$10,000.00: 0

\$10,001.00 - \$15,000.00: 0

\$15,001.00 - \$20,000.00: 0

\$20,001.00 - \$25,000.00: 0

\$25,001.00 - \$30,000.00: 0

\$30,001.00 - \$35,000.00: 0

\$35,001.00 - \$40,000.00: 0

\$40,001.00 - \$45,000.00: 0

\$45,001.00 - \$50,000.00: 0

\$50,001.00 - \$55,000.00: 0

\$55,001.00 - \$60,000.00: 0

\$60,001.00 - \$65,000.00: 0

\$65,001.00 - \$70,000.00: 0

\$70,001.00 - \$75,000.00: 0

\$75,001.00 - \$80,000.00: 0

\$80,001.00 - \$85,000.00: 0

\$85,001.00 - \$90,000.00: 0

\$90,001.00 - \$95,000.00: 0

\$95,001.00 - \$100,000.00: 0

Over \$100,000.00: 0



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Branch](#) dataOR
if you are finished, please fill out and print the [Annual Report Completion Check Sheet](#)
(which must be mailed in to the Bureau).

BPPE Annual Report for 2014 – Branch Locations

Tracking Number: 2015082593953

Report for Year: 2014

Institution Name: California Health Sciences University

Institution Code: 40231830

Branch Address: NA

Branch City: NA

Branch State: California

Branch Zip Code: 00000