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### BPPE Annual Report for 2015 - Institution

**Tracking Number:** 20171026102930

**Report for Year:** 2015

**Institution Name:** ATI COLLEGE

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 1937261

**Street Address (Physical Location):** 12440 FIRESTONE BLVD. STE 2001

**City:** NORWALK

**State:** California

**Zip Code:** 90650

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

**For profit institution:** For profit institution

**Sole Proprietor:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 1

**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:** Accrediting Commission of Career Schools and Colleges

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** NONE

**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?:** 1217848

**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?:** 36040

**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?:** yes

**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?** yes

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

**The percentage of institutional income in 2015 that was derived from public funding:** 0

**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:** 7.2

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was:** 87

**Total number of students enrolled at this institution:** 64

**Number of Doctorate Degrees Offered:** 0

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

**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 level programs at this institution:** 0

**Number of Diploma or Certificate Programs Offered:** 3

**Number of Students enrolled in Diploma or Certificate programs at this institution:** 64

**Institution's website:** WWW.ATI.EDU

**Performance Fact Sheet:** WWW.ATI.EDU

**2015 Catalog:** WWW.ATI.EDU

**Annual Report:** WWW.ATI.EDU

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

**Tracking Number:** 2016102723729

**Report for Year:** 2015

**Institution Code:** 1937261

#### **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.):**  
ECHOCARDIOGRAPHY

**Number of Degrees or Diplomas Awarded:** 3

**Total Charges for this program (Report whole dollars only):** \$ 31315

**Number of Students Who Began the Program:** 6

**Students Available for Graduation:** 4

**On-time Graduates:** 4

**Completion Rate:** 100

**150% Completion Rate:** 100

**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: 3**

**Graduates Employed in the Field: 2**

**Placement Rate: 67**

**Graduates employed in the field 20 to 29 hours per week: 1**

**Graduates employed in the field at least 30 hours per week: 1**

**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 shared ownership with the institution:**

**EXAM PASSAGE RATE**

**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 (YYYY):**

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

**Name of Exam:**

**Number of Graduates 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 to #28 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 Graduates 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 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: 3**

**Graduates Employed in the Field: 2**

**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: 0**

**\$20,001 - \$25,000: 1**

**\$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:** 2016102723915

**Report for Year:** 2015

**Institution Code:** 1937261

#### **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.):** Massage Therapy

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 11321

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time 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?:**

yes

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**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 shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**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 (YYYY):**

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

**Name of Exam:**

**Number of Graduates 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 to #28 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 Graduates 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 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: 0**

**Graduates Employed in the Field: 0**

**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: 0**

**\$20,001 - \$25,000: 0**

**\$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**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

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

**Tracking Number:** 2016102721533

**Report for Year:** 2015

**Institution Code:** 1937261

#### **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.):** ULTRASOUND  
TECHNOLOGY

**Number of Degrees or Diplomas Awarded:** 53

**Total Charges for this program (Report whole dollars only):** \$ 29840

**Number of Students Who Began the Program:** 79

**Students Available for Graduation:** 74

**On-time Graduates:** 53

**Completion Rate:** 72

**150% Completion Rate:** 93

**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: 47**

**Graduates Employed in the Field: 30**

**Placement Rate: 64**

**Graduates employed in the field 20 to 29 hours per week: 11**

**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 shared ownership with the institution:**

**EXAM PASSAGE RATE**

**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 (YYYY):**

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

**Name of Exam:**

**Number of Graduates 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 to #28 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 Graduates 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 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: 47**

**Graduates Employed in the Field: 30**

**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: 0**

**\$20,001 - \$25,000: 11**

**\$25,001 - \$30,000: 19**

**\$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**