

# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Cardiac Sonography Associate of Applied Science
<b>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.</b>	Associate
<b>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)</b>	51.0901 - Cardiovascular Technology/Technologist
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2032 - Diagnostic Medical Sonographers
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$59,120.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program	
12. Number of Students Who Began the Program	0
13. Number of Students Available for Graduation	0
14. Number of On-time Graduates	0
16. 150% Graduates?	0
18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?	Yes
19. Graduates Available for Employment	0
20. Graduates Employed in the Field	0
22a. 20 to 29 hours per week	0
22b. at least 30 hours per week	0
23a. In a single position in the field of study	0
23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)	0
23c. Freelance/self-employed	0
23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution	0
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
26. Does this educational	No

program lead to an occupation that requires State licensing?

43. Graduates Available for Employment 0

44. Graduates Employed in the Field 0

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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.

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25. For each clinical site, indicate whether any donation, money, compensation, or

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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.

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by Marrisa Williams

**Institution Comments Regarding Staff Comments Above, If Applicable:** Additional corrections complete

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:42:16 PM - Marrisa Williams  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status  
**Analyst Review:** ✓ 12/04/2024 10:20:52 AM - George Green  
**Additional Info:** ✓ 12/04/2024 11:45:41 AM - Marrisa Williams

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Comments

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Magnetic Resonance Imaging Associate of Applied Science
<b>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.</b>	Associate
<b>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)</b>	51.0920 - Magnetic Resonance Imaging (MRI) Technology/Technician
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2035 - Magnetic Resonance Imaging Technologists
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$59,974.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	0
<b>13. Number of Students Available for Graduation</b>	0
<b>14. Number of On-time Graduates</b>	0
<b>16. 150% Graduates?</b>	0
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	0
<b>20. Graduates Employed in the Field</b>	0
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	0
<b>23a. In a single position in the field of study</b>	0
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>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?</b>	No
<b>26. Does this educational</b>	No

program lead to an occupation that requires State licensing?

43. Graduates Available for Employment 0

44. Graduates Employed in the Field 0

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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.

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25. For each clinical site, indicate whether any donation, money, compensation, or

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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.

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

**Institution Comments Regarding Staff Comments Above, If Applicable:** Correction Complete.

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:43:26 PM - MARRISA WILLIAMS  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - UNASSIGNED STATUS  
**Analyst Review:** ✓ 12/04/2024 10:17:16 AM - GEORGE GREEN  
**Additional Info:** ✓ 12/04/2024 11:57:10 AM - MARRISA WILLIAMS

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Comments

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Nursing Assistant
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.3902 - Nurse/Nursing Assistant/Aide and Patient Care Assistant
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	31-1131 - Nursing Assistants
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$3,255.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	0
<b>13. Number of Students Available for Graduation</b>	0
<b>14. Number of On-time Graduates</b>	0
<b>16. 150% Graduates?</b>	0
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	0
<b>20. Graduates Employed in the Field</b>	0
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	0
<b>23a. In a single position in the field of study</b>	0
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>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?</b>	No
<b>26. Does this educational</b>	No

program lead to an occupation that requires State licensing?

43. Graduates Available for Employment 0

44. Graduates Employed in the Field 0

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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.

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25. For each clinical site, indicate whether any donation, money, compensation, or

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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.

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

**Institution Comments Regarding Staff Comments Above, If Applicable:** Correction complete.

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:43:48 PM - MARRISA WILLIAMS  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - UNASSIGNED STATUS  
**Analyst Review:** ✓ 12/04/2024 10:19:49 AM - GEORGE GREEN  
**Additional Info:** ✓ 12/04/2024 12:30:19 PM - MARRISA WILLIAMS

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Comments

Comments(0)

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Cannabis Dispensary Agent Certification
<b>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.</b>	Diploma/Certificate
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$242.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program</b>	0
<b>12. Number of Students Who Began the Program</b>	0
<b>13. Number of Students Available for Graduation</b>	0
<b>14. Number of On-time Graduates</b>	0
<b>16. 150% Graduates?</b>	0
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States</b>	No

**Department of Education?**

<b>19. Graduates Available for Employment</b>	0
<b>20. Graduates Employed in the Field</b>	0
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	0
<b>23a. In a single position in the field of study</b>	0
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>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?</b>	No
<b>26. Does this educational program lead to an occupation that requires State licensing?</b>	No
<b>43. Graduates Available for Employment</b>	0
<b>44. Graduates Employed in the Field</b>	0
<b>\$0 - \$5,000</b>	0
<b>\$5,001 - \$10,000</b>	0
<b>\$10,001 - \$15,000</b>	0
<b>\$15,001 - \$20,000</b>	0
<b>\$20,001 - \$25,000</b>	0
<b>\$25,001 - \$30,000</b>	0
<b>\$30,001 - \$35,000</b>	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

Pending Batch Submit **Analyst Review** by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review **Action Required** by George Green

**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.** [Download](#)

**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.** [Download](#)

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info **Resubmit - Analyst Review** by MARRISA WILLIAMS

**Institution Comments Regarding Staff Comments Above, If** correction complete.

## Applicable:

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Completed Stages:

- Institution Info:** ✓ 11/29/2024 04:44:20 PM - MARRISA WILLIAMS
  - Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status
  - Analyst Review:** ✓ 12/04/2024 10:19:38 AM - George Green
  - Additional Info:** ✓ 12/04/2024 12:34:10 PM - MARRISA WILLIAMS
- 

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## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Vocational Nursing Associate of Applied Science
<b>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.</b>	Associate
<b>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)</b>	51.3901 - Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2061 - Licensed Practical and Licensed Vocational Nurses
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$19,735.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	0
<b>13. Number of Students Available for Graduation</b>	0
<b>14. Number of On-time Graduates</b>	0
<b>16. 150% Graduates?</b>	0
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	0
<b>20. Graduates Employed in the Field</b>	0
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	0
<b>23a. In a single position in the field of study</b>	0
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>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?</b>	No
<b>26. Does this educational</b>	No

program lead to an occupation that requires State licensing?

43. Graduates Available for Employment 0

44. Graduates Employed in the Field 0

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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.

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25. For each clinical site, indicate whether any donation, money, compensation, or

[Download](#)

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.

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

**Institution Comments Regarding Staff Comments Above, If Applicable:** correction complete

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:48:00 PM - MARRISA WILLIAMS  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - UNASSIGNED STATUS  
**Analyst Review:** ✓ 12/04/2024 10:17:46 AM - GEORGE GREEN  
**Additional Info:** ✓ 12/04/2024 12:35:39 PM - MARRISA WILLIAMS

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Comments

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Pharmacy Technician
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0805 - Pharmacy Technician/Assistant
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2052 - Pharmacy Technicians
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	18
<b>9. Total Charges for this Program</b>	\$19,535.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	93
<b>11. The percentage of graduates in the reporting</b>	75

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	26
<b>13. Number of Students Available for Graduation</b>	26
<b>14. Number of On-time Graduates</b>	3
<b>15. Completion Rate</b>	11.53846
<b>16. 150% Graduates?</b>	15
<b>17. 150% Completion Rate</b>	57.69231
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	15
<b>20. Graduates Employed in the Field</b>	5
<b>21. Placement Rate</b>	33.33333
<b>22a. 20 to 29 hours per week</b>	3
<b>22b. at least 30 hours per week</b>	2
<b>23a. In a single position in the field of study</b>	5
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	Yes

that requires clinical training?

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

Pharmacy Technician and Technologist

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.

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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.

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

No

43. Graduates Available for Employment

15

44. Graduates Employed in the Field

5

\$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

2

\$30,001 - \$35,000

3

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

**Status** Need Additional Information

**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	44
<b>12. Number of Students Who Began the Program</b>	59
<b>13. Number of Students Available for Graduation</b>	59
<b>14. Number of On-time Graduates</b>	6
<b>15. Completion Rate</b>	10.16949
<b>16. 150% Graduates?</b>	38
<b>17. 150% Completion Rate</b>	64.40678
<b>19. Graduates Available for Employment</b>	35
<b>20. Graduates Employed in the Field</b>	22
<b>21. Placement Rate</b>	62.85714
<b>22a. 20 to 29 hours per week</b>	9
<b>22b. at least 30 hours per week</b>	13
<b>23a. In a single position in the field of study</b>	22
<b>24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students</b>	<a href="#">Download</a>



and the number of students proficient in languages other than English.

**43. Graduates Available for Employment** 35

**44. Graduates Employed in the Field** 22

\$25,001 - \$30,000 9

\$30,001 - \$35,000 10

\$35,001 - \$40,000 3

**Institution Comments**

**Regarding Staff**

**Comments Above, If**

**Applicable:**

Correction completed

---

Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:50:41 PM - Marrisa Williams

**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status

**Analyst Review:** ✓ 12/04/2024 10:18:16 AM - George Green

**Additional Info:** ✓ 12/05/2024 10:15:10 AM - Marrisa Williams

---

0 Comments 0 Emails

Comments

Comments(0)

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Ultrasound Technician
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2032 - Diagnostic Medical Sonographers
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	5
<b>9. Total Charges for this Program</b>	\$51,699.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	81
<b>11. The percentage of graduates in the reporting</b>	69

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	5
<b>13. Number of Students Available for Graduation</b>	5
<b>14. Number of On-time Graduates</b>	0
<b>15. Completion Rate</b>	0
<b>16. 150% Graduates?</b>	1
<b>17. 150% Completion Rate</b>	20
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	1
<b>20. Graduates Employed in the Field</b>	1
<b>21. Placement Rate</b>	100
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	1
<b>23a. In a single position in the field of study</b>	1
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	Yes

that requires clinical training?

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

Diagnostic Medical Sonographer

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.

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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.

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

No

43. Graduates Available for Employment

1

44. Graduates Employed in the Field

1

\$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

1

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

**Status** Need Additional Information

**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	80
<b>12. Number of Students Who Began the Program</b>	101
<b>13. Number of Students Available for Graduation</b>	101
<b>14. Number of On-time Graduates</b>	8
<b>15. Completion Rate</b>	7.92079
<b>16. 150% Graduates?</b>	72
<b>17. 150% Completion Rate</b>	71.28713
<b>19. Graduates Available for Employment</b>	69
<b>20. Graduates Employed in the Field</b>	47
<b>21. Placement Rate</b>	68.11594
<b>22a. 20 to 29 hours per week</b>	11
<b>22b. at least 30 hours per week</b>	36
<b>23a. In a single position in the field of study</b>	47
<b>24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students</b>	<a href="#">Download</a>

and the number of students proficient in languages other than English.

43. Graduates Available for Employment 69

44. Graduates Employed in the Field 47

\$30,001 - \$35,000 5

\$45,001 - \$50,000 32

\$50,001 - \$55,000 5

\$65,001 - \$70,000 2

\$95,001 - \$100,000 2

Institution Comments

Regarding Staff

Comments Above, If

Applicable:

Correction completed

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:50:18 PM - MARRISA WILLIAMS

**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - UNASSIGNED STATUS

**Analyst Review:** ✓ 12/04/2024 10:18:01 AM - GEORGE GREEN

**Additional Info:** ✓ 12/05/2024 10:57:41 AM - MARRISA WILLIAMS

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[0 Comments](#) [0 Emails](#)

Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Associate Degree of Nursing
<b>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.</b>	Associate
<b>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)</b>	51.1601 - Nursing/Registered Nurse (RN, ASN, BSN, MSN)
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-1141 - Registered Nurses
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$0.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	0
<b>13. Number of Students Available for Graduation</b>	0
<b>14. Number of On-time Graduates</b>	0
<b>16. 150% Graduates?</b>	0
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	0
<b>20. Graduates Employed in the Field</b>	0
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	0
<b>23a. In a single position in the field of study</b>	0
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>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?</b>	No
<b>26. Does this educational</b>	No



program lead to an occupation that requires State licensing?

43. Graduates Available for Employment	0
44. Graduates Employed in the Field	0
\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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.

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25. For each clinical site, indicate whether any donation, money, compensation, or

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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.

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by Marrisa Williams

**Institution Comments Regarding Staff Comments Above, If Applicable:** Correction completed

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:45:45 PM - Marrisa Williams  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:21 PM - Unassigned Status  
**Analyst Review:** ✓ 12/04/2024 10:18:42 AM - George Green  
**Additional Info:** ✓ 12/07/2024 08:58:50 AM - Marrisa Williams

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[0 Comments](#) [0 Emails](#)

Comments

Comments(0)

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Vocational Nursing Pre - Requisite
<b>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.</b>	Diploma/Certificate
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	0
<b>9. Total Charges for this Program</b>	\$850.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program</b>	0
<b>12. Number of Students Who Began the Program</b>	67
<b>13. Number of Students Available for Graduation</b>	67
<b>14. Number of On-time Graduates</b>	48
<b>15. Completion Rate</b>	71.64179
<b>16. 150% Graduates?</b>	4
<b>17. 150% Completion Rate</b>	5.97015
<b>18. Is the above data taken from the Integrated Postsecondary Education</b>	No

**Data System (IPEDS) of  
the United States  
Department of Education?**

**19. Graduates Available  
for Employment** 0

**20. Graduates Employed  
in the Field** 0

**22a. 20 to 29 hours per  
week** 0

**22b. at least 30 hours per  
week** 0

**23a. In a single position in  
the field of study** 0

**23b. In concurrent  
aggregated positions in  
the field of study (2 or  
more positions at the  
same time)** 0

**23c. Freelance/self-  
employed** 0

**23d. By the institution or  
an employer owned by  
the institution, or an  
employer who shares  
ownership with the  
institution** 0

**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

**26. Does this educational  
program lead to an  
occupation that requires  
State licensing?** No

**43. Graduates Available  
for Employment** 0

**44. Graduates Employed  
in the Field** 0

**\$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

Pending Batch Submit **Analyst Review** by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review **Action Required** by George Green

**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.**

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**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.**

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**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info **Resubmit - Analyst Review** by MARRISA WILLIAMS

- 12. Number of Students Who Began the Program 0
- 13. Number of Students Available for Graduation 0
- 14. Number of On-time Graduates 0
- 15. Completion Rate
- 16. 150% Graduates? 0
- 17. 150% Completion Rate

**Institution Comments Regarding Staff Comments Above, If Applicable:** Correction Complete

---

Completed Stages:

- Institution Info:** ✓ 11/29/2024 04:46:10 PM - MARRISA WILLIAMS
- Pending Batch Submit:** ✓ 11/29/2024 05:04:21 PM - Unassigned Status
- Analyst Review:** ✓ 12/04/2024 10:18:55 AM - George Green
- Additional Info:** ✓ 12/07/2024 09:04:44 AM - MARRISA WILLIAMS

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0 Comments 0 Emails

## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by Marrisa Williams

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Phlebotomy Technician
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.1009 - Phlebotomy/Phlebotomist
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	31-9097 - Phlebotomists
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	19
<b>9. Total Charges for this Program</b>	\$1,915.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	25
<b>13. Number of Students Available for Graduation</b>	19
<b>14. Number of On-time Graduates</b>	4
<b>15. Completion Rate</b>	21.05263
<b>16. 150% Graduates?</b>	15
<b>17. 150% Completion Rate</b>	78.94737
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	0
<b>20. Graduates Employed in the Field</b>	0
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	0
<b>23a. In a single position in the field of study</b>	0
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical</b>	No



training?

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

26a. Do graduates have the option or requirement for more than one type of licensing State exam? No

27. Name of the State licensing entity that licenses this field CDPH

28. Name of State Exam NHA

29. Number of Graduates Taking State Exam 16

30. Number Who Passed the State Exam 14

31. Number Who Failed the State Exam 2

32. Passage Rate 87.5

33. Is this data from the State licensing agency that administered the exam? Yes

33a. Name of Agency NHA

35. Name of the State licensing entity that licenses this field CDPH

36. Name of State Exam NHA

37. Number of Graduates Taking State Exam 24

38. Number Who Passed the State Exam 22

39. Number Who Failed the State Exam 2

40. Passage Rate 91.66667

41. Is this data from the State licensing agency that administered the State exam? Yes

41a. Name of Agency NHA

43. Graduates Available for Employment 0

44. Graduates Employed in the Field 0

\$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

Pending Batch Submit **Analyst Review** by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review **Action Required** by George Green

**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.**

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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.

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Status Need Additional Information  
Analyst george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by Marris Williams

8. Number of Degrees, Diplomas or Certificates Awarded 24

12. Number of Students Who Began the Program 35

13. Number of Students Available for Graduation 35

14. Number of On-time Graduates 8

15. Completion Rate 22.85714

16. 150% Graduates? 16

17. 150% Completion Rate 45.71429

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

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

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 [Download](#)

English.

**Institution Comments  
Regarding Staff  
Comments Above, If  
Applicable:**

Correction Completed

---

Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:46:40 PM - Marrisa Williams  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:21 PM - Unassigned Status  
**Analyst Review:** ✓ 12/04/2024 10:18:29 AM - George Green  
**Additional Info:** ✓ 12/07/2024 09:14:13 AM - Marrisa Williams

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0 Comments 0 Emails

Comments

Comments(0)

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To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: [wf-36449ca974e74b7db26ce6e71d605627.preprod@simpligov.com](mailto:wf-36449ca974e74b7db26ce6e71d605627.preprod@simpligov.com) . All emails sent into the workflow will display in the list below.

# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Medical Billing and Coding
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0717 - Medical Staff Services Technology/Technician
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	43-6013 - Medical Secretaries and Administrative Assistants
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	7
<b>9. Total Charges for this Program</b>	\$19,340.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	85
<b>11. The percentage of graduates in the reporting</b>	59

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	19
<b>13. Number of Students Available for Graduation</b>	19
<b>14. Number of On-time Graduates</b>	1
<b>15. Completion Rate</b>	5.26316
<b>16. 150% Graduates?</b>	6
<b>17. 150% Completion Rate</b>	31.57895
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	6
<b>20. Graduates Employed in the Field</b>	5
<b>21. Placement Rate</b>	83.33333
<b>22a. 20 to 29 hours per week</b>	0
<b>22b. at least 30 hours per week</b>	5
<b>23a. In a single position in the field of study</b>	5
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	No

that requires clinical training?

26. Does this educational program lead to an occupation that requires State licensing? No

43. Graduates Available for Employment 6

44. Graduates Employed in the Field 5

\$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 4

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

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

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

\$50,001 - \$55,000 1

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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. [Download](#)

25. For each clinical site, [Download](#)

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.

Status Need Additional Information  
Analyst george.green@dca.ca.gov

Additional Info [Resubmit](#) - [Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	61
<b>12. Number of Students Who Began the Program</b>	92
<b>13. Number of Students Available for Graduation</b>	88
<b>14. Number of On-time Graduates</b>	7
<b>15. Completion Rate</b>	7.95455
<b>16. 150% Graduates?</b>	54
<b>17. 150% Completion Rate</b>	61.36364
<b>19. Graduates Available for Employment</b>	53
<b>20. Graduates Employed in the Field</b>	45
<b>21. Placement Rate</b>	84.90566
<b>22a. 20 to 29 hours per week</b>	14
<b>22b. at least 30 hours per week</b>	31
<b>23a. In a single position in the field of study</b>	45
<b>43. Graduates Available for Employment</b>	53
<b>44. Graduates Employed in the Field</b>	45
<b>\$30,001 - \$35,000</b>	36
<b>\$50,001 - \$55,000</b>	9
<b>Institution Comments Regarding Staff</b>	correction completed



**Comments Above, If  
Applicable:**

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Completed Stages:

- Institution Info:**       ✔ 11/29/2024 04:47:01 PM - Marrisa Williams
  - Pending Batch Submit:** ✔ 11/29/2024 05:04:21 PM - Unassigned Status
  - Analyst Review:**       ✔ 12/04/2024 10:19:12 AM - George Green
  - Additional Info:**       ✔ 12/07/2024 09:37:57 AM - Marrisa Williams
- 

0 Comments 0 Emails

## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Medical Administrative Assisting
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0716 - Medical Administrative/Executive Assistant and Medical Secretary
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	43-6013 - Medical Secretaries and Administrative Assistants
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	11
<b>9. Total Charges for this Program</b>	\$19,340.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	0
<b>11. The percentage of graduates in the reporting</b>	0

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	11
<b>13. Number of Students Available for Graduation</b>	11
<b>14. Number of On-time Graduates</b>	4
<b>15. Completion Rate</b>	36.36364
<b>16. 150% Graduates?</b>	7
<b>17. 150% Completion Rate</b>	63.63636
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	10
<b>20. Graduates Employed in the Field</b>	6
<b>21. Placement Rate</b>	60
<b>22a. 20 to 29 hours per week</b>	2
<b>22b. at least 30 hours per week</b>	4
<b>23a. In a single position in the field of study</b>	6
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	No

that requires clinical training?

26. Does this educational program lead to an occupation that requires State licensing? No

43. Graduates Available for Employment 10

44. Graduates Employed in the Field 6

\$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 5

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

\$40,001 - \$45,000 1

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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. [Download](#)

25. For each clinical site, [Download](#)

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.

**Status** Need Additional Information  
**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit](#) - [Analyst Review](#) by MARRISA WILLIAMS

**Institution Comments Regarding Staff Comments Above, If Applicable:** correction completed

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:47:35 PM - MARRISA WILLIAMS  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status  
**Analyst Review:** ✓ 12/04/2024 10:20:03 AM - GEORGE GREEN  
**Additional Info:** ✓ 12/07/2024 09:39:13 AM - MARRISA WILLIAMS

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[0 Comments](#) [0 Emails](#)

## Comments

Comments(0)

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by Marrisa Williams

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Dental Assisting
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0601 - Dental Assisting/Assistant
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	31-9091 - Dental Assistants
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	46
<b>9. Total Charges for this Program</b>	\$19,340.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	83
<b>11. The percentage of graduates in the reporting</b>	61

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	46
<b>13. Number of Students Available for Graduation</b>	46
<b>14. Number of On-time Graduates</b>	4
<b>15. Completion Rate</b>	8.69565
<b>16. 150% Graduates?</b>	29
<b>17. 150% Completion Rate</b>	63.04348
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	29
<b>20. Graduates Employed in the Field</b>	28
<b>21. Placement Rate</b>	96.55172
<b>22a. 20 to 29 hours per week</b>	5
<b>22b. at least 30 hours per week</b>	23
<b>23a. In a single position in the field of study</b>	28
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	No

that requires clinical training?

26. Does this educational program lead to an occupation that requires State licensing? No

43. Graduates Available for Employment 29

44. Graduates Employed in the Field 28

\$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 11

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

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

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

\$50,001 - \$55,000 15

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

\$60,001 - \$65,000 2

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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. [Download](#)

25. For each clinical site, [Download](#)



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.

Status Need Additional Information  
Analyst george.green@dca.ca.gov

Additional Info [Resubmit](#) - [Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	56
<b>12. Number of Students Who Began the Program</b>	76
<b>13. Number of Students Available for Graduation</b>	76
<b>14. Number of On-time Graduates</b>	9
<b>15. Completion Rate</b>	11.84211
<b>16. 150% Graduates?</b>	47
<b>17. 150% Completion Rate</b>	61.84211
<b>19. Graduates Available for Employment</b>	48
<b>20. Graduates Employed in the Field</b>	47
<b>21. Placement Rate</b>	97.91667
<b>22a. 20 to 29 hours per week</b>	16
<b>22b. at least 30 hours per week</b>	31
<b>23a. In a single position in the field of study</b>	47
<b>43. Graduates Available for Employment</b>	48
<b>44. Graduates Employed in the Field</b>	47
<b>\$30,001 - \$35,000</b>	26
<b>\$50,001 - \$55,000</b>	19
<b>Institution Comments Regarding Staff</b>	correction Complete

**Comments Above, If  
Applicable:**

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Completed Stages:

- Institution Info:**       ✔ 11/29/2024 04:48:35 PM - MARRISA WILLIAMS
  - Pending Batch Submit:** ✔ 11/29/2024 05:04:20 PM - Unassigned Status
  - Analyst Review:**       ✔ 12/04/2024 10:17:27 AM - George Green
  - Additional Info:**       ✔ 12/07/2024 09:54:36 AM - MARRISA WILLIAMS
- 

0 Comments 0 Emails

## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Clinical Medical Assisting
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0801 - Medical/Clinical Assistant
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	31-9092 - Medical Assistants
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	63
<b>9. Total Charges for this Program</b>	\$19,340.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	92
<b>11. The percentage of graduates in the reporting</b>	69

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	85
<b>13. Number of Students Available for Graduation</b>	85
<b>14. Number of On-time Graduates</b>	3
<b>15. Completion Rate</b>	3.52941
<b>16. 150% Graduates?</b>	60
<b>17. 150% Completion Rate</b>	70.58824
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	52
<b>20. Graduates Employed in the Field</b>	39
<b>21. Placement Rate</b>	75
<b>22a. 20 to 29 hours per week</b>	12
<b>22b. at least 30 hours per week</b>	27
<b>23a. In a single position in the field of study</b>	39
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	Yes

that requires clinical training?

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. [Download](#)

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. [Download](#)

26. Does this educational program lead to an occupation that requires State licensing? No

43. Graduates Available for Employment 52

44. Graduates Employed in the Field 39

\$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 36

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

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

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

\$50,001 - \$55,000 3

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

**Status** Need Additional Information

**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	168
<b>12. Number of Students Who Began the Program</b>	236
<b>13. Number of Students Available for Graduation</b>	236
<b>14. Number of On-time Graduates</b>	24
<b>15. Completion Rate</b>	10.16949
<b>16. 150% Graduates?</b>	144
<b>17. 150% Completion Rate</b>	61.01695
<b>19. Graduates Available for Employment</b>	137
<b>20. Graduates Employed in the Field</b>	106
<b>21. Placement Rate</b>	77.37226
<b>22a. 20 to 29 hours per week</b>	23
<b>22b. at least 30 hours per week</b>	83
<b>23a. In a single position in the field of study</b>	106
<b>24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students</b>	<a href="#">Download</a>

and the number of students proficient in languages other than English.

**43. Graduates Available for Employment** 137

**44. Graduates Employed in the Field** 106

\$10,001 - \$15,000 28

\$30,001 - \$35,000 62

\$50,001 - \$55,000 16

**Institution Comments**

**Regarding Staff**

**Comments Above, If**

**Applicable:**

Correction complete

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:49:03 PM - Marrisa Williams

**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status

**Analyst Review:** ✓ 12/04/2024 10:19:25 AM - George Green

**Additional Info:** ✓ 12/07/2024 10:22:12 AM - Marrisa Williams

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0 Comments 0 Emails

Comments

Comments(0)

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Veterinary Assisting
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.0808 - Veterinary/Animal Health Technology/Technician and Veterinary Assistant
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	31-9096 - Veterinary Assistants and Laboratory Animal Caretakers
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	46
<b>9. Total Charges for this Program</b>	\$19,340.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	94
<b>11. The percentage of graduates in the reporting</b>	69



year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	71
<b>13. Number of Students Available for Graduation</b>	71
<b>14. Number of On-time Graduates</b>	2
<b>15. Completion Rate</b>	2.8169
<b>16. 150% Graduates?</b>	43
<b>17. 150% Completion Rate</b>	60.56338
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	39
<b>20. Graduates Employed in the Field</b>	29
<b>21. Placement Rate</b>	74.35897
<b>22a. 20 to 29 hours per week</b>	11
<b>22b. at least 30 hours per week</b>	18
<b>23a. In a single position in the field of study</b>	29
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	No

that requires clinical training?

26. Does this educational program lead to an occupation that requires State licensing? No

43. Graduates Available for Employment 39

44. Graduates Employed in the Field 29

\$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 26

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

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

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

\$50,001 - \$55,000 2

\$55,001 - \$60,000 1

\$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

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

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. [Download](#)

25. For each clinical site, [Download](#)

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.

Status Need Additional Information  
Analyst george.green@dca.ca.gov

Additional Info [Resubmit](#) - [Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	109
<b>12. Number of Students Who Began the Program</b>	149
<b>13. Number of Students Available for Graduation</b>	149
<b>14. Number of On-time Graduates</b>	11
<b>15. Completion Rate</b>	7.38255
<b>16. 150% Graduates?</b>	98
<b>17. 150% Completion Rate</b>	65.77181
<b>19. Graduates Available for Employment</b>	94
<b>20. Graduates Employed in the Field</b>	71
<b>21. Placement Rate</b>	75.53191
<b>22a. 20 to 29 hours per week</b>	16
<b>22b. at least 30 hours per week</b>	55
<b>23a. In a single position in the field of study</b>	71
<b>43. Graduates Available for Employment</b>	94
<b>44. Graduates Employed in the Field</b>	71
<b>\$30,001 - \$35,000</b>	58
<b>\$40,001 - \$45,000</b>	7
<b>\$50,001 - \$55,000</b>	5
<b>Institution Comments</b>	correction complete

**Regarding Staff  
Comments Above, If  
Applicable:**

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Completed Stages:

- Institution Info:**        ✓ 11/29/2024 04:49:26 PM - MARRISA WILLIAMS
  - Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status
  - Analyst Review:**        ✓ 12/04/2024 10:20:21 AM - GEORGE GREEN
  - Additional Info:**        ✓ 12/07/2024 10:32:44 AM - MARRISA WILLIAMS
- 

[0 Comments](#) [0 Emails](#)

## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Ultrasound Technician Associate of Applied Science
<b>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.</b>	Associate
<b>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)</b>	51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2032 - Diagnostic Medical Sonographers
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	21
<b>9. Total Charges for this Program</b>	\$59,120.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	76
<b>11. The percentage of graduates in the reporting</b>	78

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	52
<b>13. Number of Students Available for Graduation</b>	52
<b>14. Number of On-time Graduates</b>	3
<b>15. Completion Rate</b>	5.76923
<b>16. 150% Graduates?</b>	18
<b>17. 150% Completion Rate</b>	34.61538
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	16
<b>20. Graduates Employed in the Field</b>	13
<b>21. Placement Rate</b>	81.25
<b>22a. 20 to 29 hours per week</b>	1
<b>22b. at least 30 hours per week</b>	12
<b>23a. In a single position in the field of study</b>	13
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	Yes

that requires clinical training?

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

Diagnostic Medical Sonographer

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.

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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.

[Download](#)

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

No

43. Graduates Available for Employment

16

44. Graduates Employed in the Field

13

\$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

3

\$35,001 - \$40,000

0

\$40,001 - \$45,000

0

\$45,001 - \$50,000

9

\$50,001 - \$55,000

0

\$55,001 - \$60,000	0
\$60,001 - \$65,000	0
\$65,001 - \$70,000	1
\$70,001 - \$75,000	0
\$75,001 - \$80,000	0
\$80,001 - \$85,000	0
\$85,001 - \$90,000	0
\$90,001 - \$95,000	1
\$95,001 - \$100,000	0
Over \$100,000	0

Pending Batch Submit [Analyst Review](#) by Unassigned Status

**Analyst** unassigned@simpligov.com

Analyst Review [Action Required](#) by George Green

**Status** Need Additional Information

**Analyst** george.green@dca.ca.gov

Additional Info [Resubmit - Analyst Review](#) by MARRISA WILLIAMS

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	66
<b>12. Number of Students Who Began the Program</b>	126
<b>13. Number of Students Available for Graduation</b>	126
<b>14. Number of On-time Graduates</b>	7
<b>15. Completion Rate</b>	5.55556
<b>16. 150% Graduates?</b>	59
<b>17. 150% Completion Rate</b>	46.8254
<b>19. Graduates Available for Employment</b>	49
<b>20. Graduates Employed in the Field</b>	37
<b>21. Placement Rate</b>	75.5102
<b>22a. 20 to 29 hours per week</b>	13
<b>22b. at least 30 hours per week</b>	24
<b>23a. In a single position in the field of study</b>	37
<b>24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students</b>	<a href="#">Download</a>



and the number of students proficient in languages other than English.

**43. Graduates Available for Employment** 49

**44. Graduates Employed in the Field** 37

\$30,001 - \$35,000 6

\$35,001 - \$40,000 26

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

\$50,001 - \$55,000 3

**Institution Comments Regarding Staff Comments Above, If Applicable:**

correction complete

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Completed Stages:

- Institution Info:** ✓ 11/29/2024 04:49:53 PM - MARRISA WILLIAMS
- Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status
- Analyst Review:** ✓ 12/04/2024 10:16:42 AM - GEORGE GREEN
- Additional Info:** ✓ 12/07/2024 10:49:11 AM - MARRISA WILLIAMS

---

0 Comments 0 Emails

## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by Marrisa Williams

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Program</b>	Vocational Nursing
<b>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.</b>	Diploma/Certificate
<b>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)</b>	51.3901 - Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert
<b>7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)</b>	29-2061 - Licensed Practical and Licensed Vocational Nurses
<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	53
<b>9. Total Charges for this Program</b>	\$89,995.00
<b>10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program</b>	89
<b>11. The percentage of graduates in the reporting</b>	72

year who took out federal student loans to pay for this program

<b>12. Number of Students Who Began the Program</b>	99
<b>13. Number of Students Available for Graduation</b>	53
<b>14. Number of On-time Graduates</b>	23
<b>15. Completion Rate</b>	43.39623
<b>16. 150% Graduates?</b>	30
<b>17. 150% Completion Rate</b>	56.60377
<b>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?</b>	No
<b>19. Graduates Available for Employment</b>	49
<b>20. Graduates Employed in the Field</b>	40
<b>21. Placement Rate</b>	81.63265
<b>22a. 20 to 29 hours per week</b>	4
<b>22b. at least 30 hours per week</b>	36
<b>23a. In a single position in the field of study</b>	40
<b>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time)</b>	0
<b>23c. Freelance/self-employed</b>	0
<b>23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution</b>	0
<b>24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals</b>	Yes

that requires clinical training?

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.

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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.

[Download](#)

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

Yes

26a. Do graduates have the option or requirement for more than one type of licensing State exam?

No

27. Name of the State licensing entity that licenses this field

BVNPT

28. Name of State Exam

NCLEX

29. Number of Graduates Taking State Exam

60

30. Number Who Passed the State Exam

47

31. Number Who Failed the State Exam

13

32. Passage Rate

78.33333

33. Is this data from the State licensing agency that administered the

Yes

exam?

<b>33a. Name of Agency</b>	BVNPT
<b>35. Name of the State licensing entity that licenses this field</b>	BVNPT
<b>36. Name of State Exam</b>	NCLEX
<b>37. Number of Graduates Taking State Exam</b>	36
<b>38. Number Who Passed the State Exam</b>	31
<b>39. Number Who Failed the State Exam</b>	5
<b>40. Passage Rate</b>	86.11111
<b>41. Is this data from the State licensing agency that administered the State exam?</b>	Yes
<b>41a. Name of Agency</b>	BVNPT
<b>43. Graduates Available for Employment</b>	49
<b>44. Graduates Employed in the Field</b>	40
<b>\$0 - \$5,000</b>	0
<b>\$5,001 - \$10,000</b>	0
<b>\$10,001 - \$15,000</b>	0
<b>\$15,001 - \$20,000</b>	0
<b>\$20,001 - \$25,000</b>	0
<b>\$25,001 - \$30,000</b>	0
<b>\$30,001 - \$35,000</b>	0
<b>\$35,001 - \$40,000</b>	3
<b>\$40,001 - \$45,000</b>	0
<b>\$45,001 - \$50,000</b>	0
<b>\$50,001 - \$55,000</b>	0
<b>\$55,001 - \$60,000</b>	25
<b>\$60,001 - \$65,000</b>	0
<b>\$65,001 - \$70,000</b>	0
<b>\$70,001 - \$75,000</b>	0
<b>\$75,001 - \$80,000</b>	0
<b>\$80,001 - \$85,000</b>	0
<b>\$85,001 - \$90,000</b>	0
<b>\$90,001 - \$95,000</b>	0
<b>\$95,001 - \$100,000</b>	1
<b>Over \$100,000</b>	0

**Analyst** unassigned@simpligov.com

Analyst Review **Action Required** by George Green

**Status** Need Additional Information

**Analyst** george.green@dca.ca.gov

Additional Info **Resubmit - Analyst Review** by Marris Williams

<b>8. Number of Degrees, Diplomas or Certificates Awarded</b>	85
<b>12. Number of Students Who Began the Program</b>	141
<b>13. Number of Students Available for Graduation</b>	131
<b>14. Number of On-time Graduates</b>	38
<b>15. Completion Rate</b>	29.00763
<b>16. 150% Graduates?</b>	47
<b>17. 150% Completion Rate</b>	35.87786
<b>19. Graduates Available for Employment</b>	76
<b>20. Graduates Employed in the Field</b>	59
<b>21. Placement Rate</b>	77.63158
<b>22a. 20 to 29 hours per week</b>	5
<b>22b. at least 30 hours per week</b>	54
<b>23a. In a single position in the field of study</b>	59
<b>24a. Select the Allied Health Professions requiring clinical training.</b>	Licensed Vocational Nurse
<b>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.</b>	<a href="#">Download</a>
<b>43. Graduates Available for Employment</b>	76
<b>44. Graduates Employed in the Field</b>	59
<b>\$45,001 - \$50,000</b>	8

\$55,001 - \$60,000	11
\$60,001 - \$65,000	36
<b>Institution Comments Regarding Staff Comments Above, If Applicable:</b>	Correction Complete

---

Completed Stages:

- Institution Info:** ✓ 11/29/2024 04:39:53 PM - MARRISA WILLIAMS
  - Pending Batch Submit:** ✓ 11/29/2024 05:04:21 PM - Unassigned Status
  - Analyst Review:** ✓ 12/04/2024 10:16:58 AM - George Green
  - Additional Info:** ✓ 12/07/2024 11:05:04 AM - MARRISA WILLIAMS
- 

[0 Comments](#) [0 Emails](#)

## Comments

Comments(0)

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## View History Report

### Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Street Address (Physical Location)</b>	701 West Avenue K Suite 123
<b>5. City</b>	Lancaster
<b>6. State</b>	CA
<b>7. Zip Code</b>	93534
<b>8. Select the type of business organization for this institution</b>	For profit corporation
<b>9. Number of Branch Locations</b>	2
<b>10. Number of Satellite Locations</b>	0
<b>Upload completed Excel or CSV here</b>	AR_LaborMarketData_2023.xlsx
<b>11a. Is this institution current with all assessments to the Student Tuition Recovery Fund?</b>	Yes
<b>11b. Is this institution current on Annual Fees?</b>	Yes
<b>12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?</b>	Yes
<b>12a. Accrediting Agency (more than one agency may be selected)</b>	Accrediting Council for Continuing Education and Training
<b>14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has</b>	No



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.

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)

Yes

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year?

\$22,171,067.00

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

Yes

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year?

\$1,103,388.00

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

Yes

17a. What is the total amount of Cal Grant Funds received by your institution in this Reporting Year?

\$163,846.00

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

Yes

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

Yes

<b>19a. What is the total amount of WIOA funds received by your institution in this Reporting Year?</b>	\$213,929.00
<b>20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...)</b>	Yes
<b>20a. You indicated "Yes" for #20, please provide the name of the financial aid program below.</b>	Vocational Rehab
<b>20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?</b>	\$135,091.00
<b>21. Provide the percentage of institutional income during this Reporting Year derived from public funding.</b>	86
<b>22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans)</b>	Yes
<b>22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.</b>	Private Loans, Scholarships
<b>23. The percentage of institutional income in the reporting year derived from any non-government financial aid.</b>	0
<b>24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.</b>	0
<b>25. Provide the</b>	73

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.

26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution. \$13,321.00

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st . 2779

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) 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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the 0

cancellation period.

**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) 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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.** 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) 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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.** 0

**34. Number of Associate Degree Programs Offered?** Indicate the number of 4

**Associate degree  
Programs offered for the  
reporting year. (Number  
of Programs not Students)**

**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 in the  
reporting year as of  
January 1st through  
December 31st, minus the  
number of students who  
cancelled during the  
cancellation period.** 1095

**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)** 13

**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 in the  
reporting year as of  
January 1st through  
December 31st, minus the  
number of students who  
cancelled during the  
cancellation period.** 1543

**Total Program Count** 17

**Institution's Website** <https://hdmc.edu/>

**38. Upload School  
Performance Fact Sheet** 2022\_2023 HDMC SPFS BPPE.pdf

**39. Upload Catalog** HDMC Catalog Updated 2023.pdf

**40. Upload Enrollment  
Agreement** HDMC EA .pdf

\*\*\* NOTES \*\*\*

0

Pending Batch Submit **Analyst Review** by Unassigned Status

**Analyst**

unassigned@simpligov.com

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Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:42:50 PM - MARRISA WILLIAMS

**Pending Batch Submit:** ✓ 11/29/2024 05:04:21 PM - Unassigned Status

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Uploaded Files

Name	Uploaded by	Version	Source
HDMC Catalog Updated 2023.pdf	MARRISA WILLIAMS	1	39. Upload Catalog
HDMC EA .pdf	MARRISA WILLIAMS	1	40. Upload Enrollment Agreement
AR_LaborMarketData_2023.xlsx	MARRISA WILLIAMS	1	Upload completed Excel or CSV here
SPF LAN 3.pdf	MARRISA WILLIAMS	1	38. Upload School Performance Fact Sheet
2022_2023 HDMC SPFS BPPE.pdf	MARRISA WILLIAMS	1	38. Upload School Performance Fact Sheet

0 Comments 0 Emails

Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. School Code</b>	73116984
<b>4. Institution Name (auto-populated)</b>	High Desert Medical College
<b>5. Total number of students at this branch location?</b>	1068
<b>6. Name of Programs offered at this branch location?</b>	Cardiac Sonography Associate of Applied Science, Medical Administrative Assisting, Medical Billing and Coding, Clinical Medical Assisting, Dental Assisting, Pharmacy Technician, Veterinary Assisting, Ultrasound Technician, Ultrasound Technician Associate of Applied Science, Vocational Nursing Pre-Requisite, Vocational Nursing, Vocational Nursing Associate of Applied Science, Phlebotomy Technician.
<b>7. Street Address (physical location)</b>	2000 24th Street
<b>8. City</b>	Bakersfield
<b>9. State</b>	CA
<b>10. Zip Code</b>	93301

Pending Batch Submit **Analyst Review** by UNASSIGNED STATUS

**Analyst** unassigned@simpligov.com

## Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:36:31 PM - MARRISA WILLIAMS  
**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - UNASSIGNED STATUS

0 Comments 0 Emails

## Comments

Comments(0)

To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: [wf-6e65fa54728c49b68eedd49115b568e1.preprod@simpligov.com](mailto:wf-6e65fa54728c49b68eedd49115b568e1.preprod@simpligov.com). All emails sent into the workflow will display in the list below.

# View History Report

## Audit Trail

Show detailed result

Institution Info **Ready To Send** by Marrisa Williams

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. School Code</b>	73078818
<b>4. Institution Name (auto-populated)</b>	High Desert Medical College
<b>5. Total number of students at this branch location?</b>	1006
<b>6. Name of Programs offered at this branch location?</b>	Ultrasound Technician, Ultrasound Technician Associate of Applied Science, Vocational Nursing, Vocational Nursing Associate of Applied Science, Vocational Nursing Pre-Requisite, Cardiac Sonography Associate of Applied Science, Magnetic Resonance Imaging Associate of Applied Science, Medical Administrative Assisting, Phlebotomy Technician, Dental Assisting, Medical Billing and Coding, Clinical Medical Assisting, Pharmacy Technician, Veterinary Assisting.
<b>7. Street Address (physical location)</b>	31625 De Portola Rd Suite 200
<b>8. City</b>	Temecula
<b>9. State</b>	CA
<b>10. Zip Code</b>	92952

Pending Batch Submit **Analyst Review** by Unassigned Status

**Analyst** unassigned@simpligov.com

## Completed Stages:

**Institution Info:** ✓ 11/29/2024 04:37:27 PM - Marrisa Williams

**Pending Batch Submit:** ✓ 11/29/2024 05:04:20 PM - Unassigned Status

0 Comments 0 Emails

## Comments

Comments(0)

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# View History Report

## Audit Trail

Show detailed result

Batch Info **Analyst Review** by MARRISA WILLIAMS

<b>1. Report Year</b>	2023
<b>2. Institution Code</b>	25860907
<b>3. Institution Name (auto-populated)</b>	High Desert Medical College
<b>4. Name of Responsible Officer submitting online Annual Report?</b>	MARRISA WILLIAMS
<b>5. Responsible Officer - Phone</b>	(661) 337-1073
<b>6. Responsible Officer - Email</b>	mwilliams@hdmc.edu
<b>7. Have you completed ONE Institution Data workflow for this Annual Report online submission?</b>	Yes
<b>8. Have you completed ONE Program Data workflow PER OFFERED PROGRAM for this Annual Report online submission?</b>	Yes
<b>9. Have you completed ONE Branch Data workflow PER BRANCH LOCATION for this Annual Report online submission?</b>	Yes
<b>10. Have you completed ONE Satellite Data workflow PER SATELLITE LOCATION for this Annual Report online submission?</b>	No Satellite Locations
<b>Signature</b>	Signed By: MARRISA WILLIAMS - mwilliams@HDMC.edu Date Signed: 11/29/2024 5:04:18 PM -08:00 GMT IP Address: 50.91.141.58 11/29/2024
<b>Analyst</b>	bppe.annualreport@dca.ca.gov

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Completed Stages:

**Batch Info:** ✓ 11/29/2024 05:04:18 PM - MARRISA WILLIAMS

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0 Comments 0 Emails

## Comments

Comments(0)

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To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: [wf-c4e5f77ad1064196af72e3f636ebc344.preprod@simpligov.com](mailto:wf-c4e5f77ad1064196af72e3f636ebc344.preprod@simpligov.com) . All emails sent into the workflow will display in the list below.