



Log Off
123456
Timeout:
29.9 minutes

- Annual Report
- Programs
- School Info
- DMS
- HELP ?

Annual Report: **2018** School Number: **123456** School Name: **ACCSC Institute of Technology** Annual Report Status: **Not Submitted**

Address1: **2101 Wilson Boulevard, Suite 302** City: **Arlington** State: **VA** Zip: **22201**

Approved Programs

Message Therapy 310 Diploma
Test Degree 1105 AA
Test Program 124 Diploma

Annual Report

- View
- Submit Report

Submitted

PES Forms

G & E Charts

- Add
- Edit
- Delete
- Add
- Edit
- Delete

School Number:

Annual Report



Log Off
123456
Timeout:
28.7 minutes

- Annual Report
- Programs
- School Info
- DMS
- HELP ?

Annual Report: **2018** School Number: **123456** School Name: **ACCSC Institute of Technology** Annual Report Status: **Not Submitted**
 Address1: **2101 Wilson Boulevard, Suite 302** City: **Arlington** State: **VA** Zip: **22201**

Cancel		Report Prepared by:	<input type="text"/>		
		Report Completed by:	<input type="text"/>		
		Report Completed by Email:	<input type="text"/>	<input type="checkbox"/> Complete	Save
PART 1 - SCHOOL DEMOGRAPHIC DATA					
School Director	Salutation:	<input type="text"/>	<input type="text"/>	Director Email:	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name:	<input type="text"/>
				Unemployment Rate:	<input type="text"/> %
Demographic Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Median Household Income:	<input type="text"/>
Website Directory Email:	<input type="text"/>				
Official Correspondence Name:	<input type="text"/>	Official Correspondence Email:	<input type="text"/>		
Official Correspondence Name:	<input type="text"/>	Official Correspondence Email:	<input type="text"/>		
Chief Executive Officer Name:	<input type="text"/>	Chief Executive Officer Email:	<input type="text"/>		
PART 2a - OPERATIONS					
How is the school legally established? <input type="text"/>		<input type="checkbox"/> Check this box if there are legal actions pending against the school			
		If checked, please provide a brief summary: <input type="text"/>			
List all other accrediting agencies:					
<input type="text"/>					
Was the school operating under a Warning, Probation or on Reporting as issued by any other accrediting agency between July 1, 2017 and June 30, 2018? If so, select all that apply:					
<input type="checkbox"/> Warning		<input type="checkbox"/> Probation		<input type="checkbox"/> Reporting	
If so, please provide a brief summary about the current status: <input type="text"/>					
Was the school operating under a Warning, Probation or on Reporting or Heightened Monitoring as issued by ACCSC between July 1, 2017 and June 30, 2018? If so, select all that apply:					
<input type="checkbox"/> Warning		<input type="checkbox"/> Probation		<input type="checkbox"/> Reporting	
<input type="checkbox"/> Heightened Monitoring					
<input type="checkbox"/> Check this box if any program reviews or audits, not including fiscal year end audit of financial statements, have been conducted by federal, state, or private agencies.					
If so, please provide a brief summary about the current status: <input type="text"/>					

Check this box if a Corporation owns the school

Corporation Name:			
Corporation Address:			City: <input type="text"/>
State:	<input type="text" value="▼"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
<input type="checkbox"/> Check this box if another Corporation owns stock of the corporation that owns the school		<input type="checkbox"/> Check this box if the school is publicly traded	
Corporate Compliance Officer:			Title: <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

OWNERSHIP

Identify the legal entity or individual(s) who directly owns 5% or more of the school (i.e., the first level of ownership)

Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %

If more than one level of ownership exists between the entity that directly owns the school and the ultimate owners, identify each entity and percentage of ownership in the ownership chain, up to and including the parent entity in the chain of ownership.

Level 2		Level 3		Level 4		Level 5	
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %

Identify the individuals who own 10% or more of the final legal entity (ultimate parent).

Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %
Name: <input type="text"/>	Percentage: <input type="text"/> %	Name: <input type="text"/>	Percentage: <input type="text"/> %

PART 2b - OPERATIONAL DATA

Yes No Does the school have approval to offer a degree program?

Yes No Does the school have ACCSC approval to offer any portion of a program via Distance Education?

Yes No If yes, does the school offer any programs via 100% Distance Education?

Yes No Does the school have ACCSC approval to offer any avocational / continuing education courses?

Yes No Does the school admit Ability-to-Benefit students?

Yes No Through your standard procedure (not only as part of your renewal), have you or will you have a third party review your employment information?

If yes, what company do you use or plan on using?

Fiscal Year-End	Individual School Gross Tuition Revenue	Financial Aid Participant: <input type="radio"/> Yes <input type="radio"/> No	OPEID:
Most Recent: <input type="text" value="▼"/>	<input type="text" value="0.00"/>	3-Year Cohort Default Rate 2015:	<input type="text" value="0"/> %
		3-Year Cohort Default Rate 2014:	

2nd Most Recent:	<input type="text" value="0.00"/>	<input type="text" value="0"/>	%
3rd Most Recent:	<input type="text" value="0.00"/>	3-Year Cohort Default Rate 2013:	<input type="text" value="0"/>
			%

PART 2c - SUBSTANTIVE CHANGES July 1, 2017 - June 30, 2018

- Yes No Did the school change location?
- Yes No Did the school change its name?
- Yes No Did the school establish a separate facility?
- Yes No Did the school Teach-Out or discontinue any programs?
- Yes No Did the school modify the clock or credit hours for any program?
- Yes No Did the school offer any new programs?
- Yes No Did the school offer a degree program for the first time?
- Yes No Did the school change in ownership/control?
- Yes No If so, did the school submit an application for a change of ownership/control?

PART 3 - CHARACTERISTICS OF STUDENT ENROLLMENT

Student Enrollment - July 1, 2017:	0
Additional enrollments: July 1, 2017 - June 30, 2018	0
Total Enrollments:	0
Students Graduated: July 1, 2017 - June 30, 2018	0
Students who withdrew or were terminated: July 1, 2017 - June 30, 2018	0
Total Enrollment as of June 30, 2018:	0
If there are zero student enrollments for July 1, 2017 and/or June 30, 2018, please provide a brief explanation:	
<input type="text"/>	
Total student enrollment in any avocational / continuing education courses: July 1, 2017 - June 30, 2018	<input type="text" value="0"/>
Percentage of students receiving:	
Title IV Financial Assistance:	<input type="text" value="0"/> %
Title IV Pell Grants:	<input type="text" value="0"/> %
Title IV Loans:	<input type="text" value="0"/> %
Non-Title IV Assistance:	<input type="text" value="0"/> %
How many hours did faculty, staff and students devote to Community Service projects and activities organized by the school?:	<input type="text" value="0"/>

Cancel

Save



Log Off
123456
Timeout:
28.8 minutes

Annual Report

Programs

School Info

DMS

HELP ?

Annual Report: **2018**

School Number: **123456**

School Name: **ACCSC Institute of Technology**

Annual Report Status:

Address1: **2101 Wilson Boulevard, Suite 302**

City: **Arlington** State: **VA**

Zip: **22201**

<input type="button" value="Cancel"/>		<input type="checkbox"/> Complete	<input type="button" value="Save"/>	
PROGRAM ENROLLMENT SUMMARY				
ACCSC Approved Program Title:	Massage Therapy			
Program Code:	310			
Credential:	Diploma			
Date Approved by ACCSC:	01/01/2015			
Program Approval Type:				
Program Length in Months:	10			
Approved Clock Hours:	720	Total Tuition:		
Approved Credit Hours:	40	Additional Expenses:		
Credit Hour Type	Semester	Average starting salary for graduates:		
<input type="checkbox"/> An externship is offered as a part of the program.				
Externship clock hours:	0			
Externship credit hours	0			
LICENSURE/CERTIFICATION EXAMINATION ADMINISTERING AGENCY				
Licensure or Certification Examination is required for Employment <input checked="" type="radio"/> Yes <input type="radio"/> No				
Name:				
Address:				
City:	State:	Zip:		
Phone:	Website:			
ENROLLMENT DATA				
Do students take any portion of the program via Distance Education <input type="radio"/> Yes <input checked="" type="radio"/> No				
Number of Students enrolled as of 7/1/17				
Total number of additional student enrollments between 7/1/17 and 6/30/18				
Total Students:	0			
Satellite Location Enrollment <input type="radio"/> Yes <input type="radio"/> No				
Graduated Between 7/1/17 and 6/30/18				
i. Employed in field:				
ii. Employed in unrelated field:				
iii. Further Ed: 4 year college:				
iv. Further Ed: 2 year college:				
v. Further Ed: Trade school:				
vi. Further Ed: Other Training:				
vii. Unemployed:				

viii. Unknown:	<input type="text"/>		
ix. Incarcerated:	<input type="text"/>		
x. Military:	<input type="text"/>		
xi. Death:	<input type="text"/>		
xii. Medical:	<input type="text"/>		
xiii. International:	<input type="text"/>		
Total Graduated:	0		

Withdrew or Terminated Between 7/1/17 and 6/30/18 

i. Employed in field:	<input type="text"/>		
ii. Employed in unrelated field:	<input type="text"/>		
iii. Incarcerated:	<input type="text"/>		
iv. Military Service:	<input type="text"/>		
v. Death:	<input type="text"/>		
vi. Medical:	<input type="text"/>		
vii. International Student:	<input type="text"/>		
viii. Financial/Family:	<input type="text"/>		
ix. Moved from area:	<input type="text"/>		
x. Personal Reasons:	<input type="text"/>		
xi. Attendance:	<input type="text"/>		
xii. Academic:	<input type="text"/>		
xiii. Transfer within school:	<input type="text"/>		
xiv. Other:	<input type="text"/>		
xv. Unknown:	<input type="text"/>		
Total Withdrew or Terminated:	0		
Total Number of Students Enrolled as of 6/30/18:	0		

For the following questions, please identify the characteristics for students enrolled as of 6/30/18 

a. No HS Diploma/GED:	<input type="text"/>	a. Under 25:	<input type="text"/>	
b. GED:	<input type="text"/>	b. 25-34:	<input type="text"/>	
c. HS Diploma:	<input type="text"/>	c. 35-44:	<input type="text"/>	
d. Post-Secondary:	<input type="text"/>	d. 45-Over:	<input type="text"/>	
e. Associates:	<input type="text"/>	Total by Age:	0	
f. Baccalaureate:	<input type="text"/>	a. White:	<input type="text"/>	
g. Post Baccalaureate:	<input type="text"/>	b. Black or African American:	<input type="text"/>	
Total by Credential:	0	c. Hispanic/Latino:	<input type="text"/>	
a. Male:	<input type="text"/>	d. Asian:	<input type="text"/>	
b. Female:	<input type="text"/>	e. American Indian or Alaska Native:	<input type="text"/>	
Total by Gender:	0	f. Native Hawaiian or Other Pacific Islander:	<input type="text"/>	
		g. Two or more races:	<input type="text"/>	
		h. Race and Ethnicity unknown:	<input type="text"/>	
		Total by Ethnicity:	0	
Cancel			Save	



- Annual Report
- Programs
- School Info
- DMS
- HELP ?

Annual Report: **2018** School Number: **123456** School Name: **ACCSC Institute of Technology** Annual Report Status: **Not Submitted**

Address1: **2101 Wilson Boulevard, Suite 302** City: **Arlington** State: **VA** Zip: **22201**

GRADUATION AND EMPLOYMENT CHART

You must SAVE the G&E form to calculate totals

<input type="button" value="Cancel"/>	<input type="checkbox"/> Complete	<input type="button" value="Save"/>
Approved Program Title:	Test Program	
Program Code:	124	
Credential:	Diploma	
Report Date:	7/2018	Program Length in Months: <input type="text"/>
Beginning Date:	End Date: <input type="text"/>	

Is this chart for a satellite location? Yes No

Is this chart for a program offered 100% via Distance Education? Yes No

REPORTING PERIOD

Class Start Date (eg 01/15):													Total	%	
Number Started:														####	
Transfers to Another Program:														####	###%
Transfers from Another Program:														####	###%
Total Starts (+/- Transfers):	####	####	####	####	####	####	####	####	####	####	####	####	####	####	
Unavailable for Graduation:														####	###%
Students Available For Graduation:	####	####	####	####	####	####	####	####	####	####	####	####	####	####	###%
Withdrawn/Terminated Students:														####	###%
Graduates within 150% Program Length:	####	####	####	####	####	####	####	####	####	####	####	####	####	####	###%
GRADUATION RATE	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%
Graduates - Further Education:														####	###%
Graduates - Unavailable for Employment:														####	###%
Graduates - Available for Employment:	####	####	####	####	####	####	####	####	####	####	####	####	####	####	###%
Graduates - Employed in Field:														####	###%
EMPLOYMENT RATE	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%
Graduates - Unrelated Occupation:														####	###%
Graduates - Unemployed:														####	###%
Graduates - Unknown:														####	###%
Non-Graduated Students Who Obtained Training Related Employment														####	###%
Employment Rate with Non-Graduated Employed Students	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%

LICENSURE / CERTIFICATION EXAMINATION PASS RATES CHART

Licensure / Certification Name:															
1. Class Start Date:															
2. Number of Graduates:															####
3. # of Graduates Taking Exam:															####
4. # of Graduates Passing Exam:															####
5. Percentage of Grads Passing Exam:	####	####	####	####	####	####	####	####	####	####	####	####	####	####	Avg.
Licensure / Certification Examination Agency Rate:															####