



Log Off  
123456  
Timeout:  
29.6 minutes

Annual Report

Programs

School Info

DMS

HELP ?

Annual Report: 2017

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

Report Prepared by:

Report Completed by:

Report Completed by Email:

PART 1 - SCHOOL DEMOGRAPHIC DATA

School Director	Salutation: <input type="text"/>	Director Email: <input type="text"/>
First Name: <input type="text"/>	Last Name: <input type="text"/>	Unemployment Rate: <input type="text"/> %
Demographic Location: <input type="text"/>	Website Directory Email: <input type="text"/>	Median Household Income: <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?

Check this box if there are legal actions pending against the school

If checked, please provide a brief summary:

List all other accrediting agencies:

Was the school operating under a Warning, Probation or on Reporting as issued by any other accrediting agency between July 1, 2016 and June 30, 2017? If so, select all that apply:

If so, please provide a brief summary about the current status:

Was the school operating under a Warning, Probation or on Reporting or Heightened Monitoring as issued by ACCSC between July 1, 2016 and June 30, 2017? If so, select all that apply:

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:

Check this box if a Corporation owns the school

Corporation Name:

Corporation Address:

City:

State:

Zip:

Phone:

Fax:

Check this box if another Corporation owns stock of the corporation that owns the school

Check this box if the school is publicly traded

Corporate Compliance Officer:

Title:

Phone:

Email:

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

Level 2		Level 3		Level 4	
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:	OPEID:
Most Recent: <input type="text"/>	<input type="text" value="0.00"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
2nd Most Recent: <input type="text"/>	<input type="text" value="0.00"/>	3-Year Cohort Default Rate 2014: <input type="text" value="0"/> %	
3rd Most Recent: <input type="text"/>	<input type="text" value="0.00"/>	3-Year Cohort Default Rate 2013: <input type="text" value="0"/> %	
		3-Year Cohort Default Rate 2012: <input type="text" value="0"/> %	

**PART 2c - SUBSTANTIVE CHANGES July 1, 2016 - June 30, 2017**

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, 2016:	<b>0</b>
Additional enrollments: July 1, 2016 - June 30, 2017	<b>0</b>
<b>Total Enrollments:</b>	<b>0</b>
Students Graduated: July 1, 2016 - June 30, 2017	<b>0</b>
Students who withdrew or were terminated: July 1, 2016 - June 30, 2017	<b>0</b>
<b>Total Enrollment as of June 30, 2017:</b>	<b>0</b>
If there are zero student enrollments for July 1, 2016 and/or June 30, 2017, please provide a brief explanation: <input type="text"/>	
Total student enrollment in any avocational / continuing education courses: July 1, 2016 - June 30, 2017	<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



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

<b>Cancel</b>	<input type="checkbox"/> Complete	<b>Save</b>
<b>PROGRAM ENROLLMENT SUMMARY</b>		
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:	8 <a href="#">?</a>	
Approved Clock Hours:	720	Total Tuition: 0.00 <a href="#">?</a>
Approved Credit Hours:	40	Additional Expenses: 0.00
Credit Hour Type	Semester	Average starting salary for graduates: 0.00 <a href="#">?</a>
<input type="checkbox"/> An externship is offered as a part of the program.		
Externship clock hours:	0	
Externship credit hours	0	
<b>LICENSURE/CERTIFICATION EXAMINATION ADMINISTERING AGENCY</b>		
Licensure or Certification Examination is required for Employment <input checked="" type="radio"/> Yes <input type="radio"/> No		
Name:	<input type="text"/>	
Address:	<input type="text"/>	
City:	State: <input type="text" value="v"/>	Zip: <input type="text"/>
Phone:	Website: <input type="text"/>	
<b>ENROLLMENT DATA</b>		
Do students take any portion of the program via Distance Education <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Number of Students enrolled as of 7/1/16</b>	0 <input type="text"/>	
<b>Total number of additional student enrollments between 7/1/16 and 6/30/17</b>	0 <input type="text"/>	
<b>Total Students:</b>	<b>0</b>	
<b>Satellite Location Enrollment</b> <input type="radio"/> Yes <input type="radio"/> No <a href="#">?</a>		
<b>Graduated Between 7/1/16 and 6/30/17</b> <a href="#">?</a>		
i. Employed in field:	0 <input type="text"/>	
ii. Employed in unrelated field:	0 <input type="text"/>	
iii. Further Ed: 4 year college:	0 <input type="text"/>	

iv. Further Ed: 2 year college:	0		
v. Further Ed: Trade school:	0		
vi. Further Ed: Other Training:	0		
vii. Unemployed:	0		
viii. Unknown:	0		
ix. Incarcerated:	0		
x. Military:	0		
xi. Death:	0		
xii. Medical:	0		
xiii. International:	0		
<b>Total Graduated:</b>	<b>0</b>		

**Withdrew or Terminated Between 7/1/16 and 6/30/17** 

i. Employed in field:	0		
ii. Employed in unrelated field:	0		
iii. Incarcerated:	0		
iv. Military Service:	0		
v. Death:	0		
vi. Medical:	0		
vii. International Student:	0		
viii. Financial/Family:	0		
ix. Moved from area:	0		
x. Personal Reasons:	0		
xi. Attendance:	0		
xii. Academic:	0		
xiii. Transfer within school:	0		
xiv. Other:	0		
xv. Unknown:	0		
<b>Total Withdrew or Terminated:</b>	<b>0</b>		
<b>Total Number of Students Enrolled as of 6/30/17:</b>	<b>0</b>		

**For the following questions, please identify the characteristics for students enrolled as of 6/30/17** 

a. No HS Diploma/GED:	0	a. Under 25:	0
b. GED:	0	b. 25-34:	0
c. HS Diploma:	0	c. 35-44:	0
d. Post-Secondary:	0	d. 45-Over:	0
e. Associates:	0	<b>Total by Age:</b>	<b>0</b>
f. Baccalaureate:	0	a. White/Non-Hispanic:	0
g. Post Baccalaureate:	0	b. Black/Non-Hispanic:	0
<b>Total by Credential:</b>	<b>0</b>	c. Hispanic:	0

a. Male:	0	d. Asian/Pacific Islander:	0
b. Female:	0	e. American Indian/Alaskan:	0
<b>Total by Gender:</b>	<b>0</b>	f. Other:	0
		<b>Total by Ethnicity:</b>	<b>0</b>
<input type="button" value="Cancel"/>			<input type="button" value="Save"/>



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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:	Massage Therapy													
Program Code:	310													
Credential:	Diploma													
Report Date:	7/2017		Program Length in Months:											
Beginning Date:			End Date:										<input type="button" value="CALCULATE"/>	
Is this chart for a satellite location? <input type="radio"/> Yes <input checked="" type="radio"/> No														
Is this chart for a program offered 100% via Distance Education? <input type="radio"/> Yes <input checked="" type="radio"/> No														
REPORTING PERIOD														
Class Start Date (eg 01/11):													Total	%
Number Started:													###	
Transfers to Another Program:													###	###%
Transfers from Another Program:													###	###%
<b>Total Starts (+/- Transfers):</b>	###	###	###	###	###	###	###	###	###	###	###	###	###	
Unavailable for Graduation:													###	###%
<b>Students Available For Graduation:</b>	###	###	###	###	###	###	###	###	###	###	###	###	###	###%
Withdrawn/Terminated Students:													###	###%
<b>Graduates within 150% Program Length:</b>	###	###	###	###	###	###	###	###	###	###	###	###	###	###%
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:													###	###%
<b>Non-Graduated Students Who Obtained Training Related Employment</b>													###	###%
<b>Employment Rate with Non-Graduated Employed Students</b>	###	###	###	###	###	###	###	###	###	###	###	###	###	###%
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:													###	
<b>5. Percentage of Grads Passing Exam:</b>	###	###	###	###	###	###	###	###	###	###	###	###	###	Avg.
Licensure / Certification Examination Agency Rate:													###	###%
<input type="button" value="Cancel"/>												<input type="button" value="Save"/>		