



Log Off  
123456  
Timeout:  
40.3 minutes

Annual Report

Programs

School Info

DMS

HELP ?

Annual Report: **2020**

School Number: **123456**

School Name: **ACCSC Institute of Technology**

Type: **Main**

Annual Report Status: **Not Submitted**

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

City: **Arlington**

State: **VA**

Zip: **22201**

Cancel

Report Prepared by:

Report Completed by:

Report Completed by Email:

Complete

Save

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"/>		Median Yearly 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 1a - Additional Contacts

1. Department Director: <input type="text"/>	Sean Forman	1. Email Address: <input type="text"/>	sforman@accsc.org
2. Department Director: <input type="text"/>		2. Email Address: <input type="text"/>	
3. Department Director: <input type="text"/>		3. Email Address: <input type="text"/>	
4. Department Director: <input type="text"/>		4. Email Address: <input type="text"/>	
5. Department Director: <input type="text"/>		5. Email Address: <input type="text"/>	

PART 2 - 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:

Other accrediting agencies:

Was the school operating under a Warning, Probation or on Reporting as issued by any other regulatory agency (ex. accrediting agency, state) between July 1, 2019 and June 30, 2020? If so, select all that apply:

Warning  Probation  Reporting

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, 2019 and June 30, 2020? If so, select all that apply:

Warning  Probation  Reporting  Heightened Monitoring



Name:   
 Name:   
 Name:

Name:   
 Name:   
 Name:

**PART 2c - 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 <a href="#">?</a>	Financial Aid Participant: <input type="radio"/> Yes <input type="radio"/> No	OPEID: <a href="#">?</a>
Most Recent: <input type="text"/>	0.00	3-Year Cohort Default Rate 2017: <a href="#">?</a> 0 %	
2nd Most Recent: <input type="text"/>	0.00	3-Year Cohort Default Rate 2016: 0 %	
3rd Most Recent: <input type="text"/>	0.00	3-Year Cohort Default Rate 2015: 0 %	

**PART 2d - SUBSTANTIVE CHANGES July 1, 2019 - June 30, 2020**

- 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, 2019:	0
Additional enrollments: July 1, 2019 - June 30, 2020	0
<b>Total Enrollments:</b>	<b>0</b>
Students Graduated: July 1, 2019 - June 30, 2020	0
Students who withdrew or were terminated: July 1, 2019 - June 30, 2020	0
<b>Total Enrollment as of June 30, 2020:</b> <a href="#">?</a>	<b>0</b>
If there are zero student enrollments for July 1, 2019 and/or June 30, 2020, please provide a brief explanation: <input type="text"/>	
Percentage of students receiving:	
Title IV Financial Assistance: <a href="#">?</a>	0 %
Title IV Pell Grants: <a href="#">?</a>	0 %
Title IV Loans: <a href="#">?</a>	0 %
Non-Title IV Assistance: <a href="#">?</a>	0 %
How many hours did faculty, staff and students devote to Community Service projects and activities organized by the school?:	0
Total student enrollment in any avocational / continuing education courses: <a href="#">?</a> July 1, 2019 - June 30, 2020	0

Cancel

Save



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Annual Report

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Annual Report: **2020**

School Number: **123456**

School Name: **ACCSC  
Institute of  
Technology**

Type: **Main**



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"/>
<b>PROGRAM ENROLLMENT SUMMARY</b>			
ACCSC Approved Program Title:	Test Degree		
Program Code:	1105		
Credential:	AA		
Date Approved by ACCSC:	05/05/2013		
Program Approval Type:			
Program Length in Months:	20		
Approved Clock Hours:	0	Total Tuition:	<input type="text"/>
Approved Credit Hours:	70	Additional Expenses:	<input type="text"/>
Credit Hour Type	Semester	Average starting salary for graduates:	<input type="text"/>
<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 type="radio"/> Yes <input type="radio"/> No			
<b>ENROLLMENT DATA</b>			
Do students take any portion of the program via Distance Education <input type="radio"/> Yes <input type="radio"/> No			
<b>Satellite Location Enrollment</b> <input type="radio"/> Yes <input type="radio"/> No			
<b>Graduated Between 7/1/19 and 6/30/20</b>			
i. Employed in field:	<input type="text"/>		
ii. Employed in unrelated field:	<input type="text"/>		
iii. Further Ed: 4 year college:	<input type="text"/>		
iv. Further Ed: 2 year college:	<input type="text"/>		
v. Further Ed: Trade school:	<input type="text"/>		
vi. Further Ed: Other Training:	<input type="text"/>		
vii. Unemployed:	<input type="text"/>		
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"/>		
<b>Total Graduated:</b>	<b>0</b>		
<b>Withdrew or Terminated Between 7/1/19 and 6/30/20</b> 			
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"/>		
<b>Total Withdrew or Terminated:</b>	<b>0</b>		
<b>Total Number of Students Enrolled as of 6/30/20:</b>	<b>0</b>		
<b>For the following questions, please identify the characteristics for students enrolled as of 6/30/20</b> 			
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"/>	<b>Total by Age:</b>	<b>0</b>
f. Baccalaureate:	<input type="text"/>	a. White:	<input type="text"/>
g. Post Baccalaureate:	<input type="text"/>	b. Black or African American:	<input type="text"/>
<b>Total by Credential:</b>	<b>0</b>	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"/>
c. Not disclosed	<input type="text"/>	f. Native Hawaiian or Other Pacific Islander:	<input type="text"/>
<b>Total by Gender:</b>	<b>0</b>	g. Two or more races:	<input type="text"/>
		h. Race and Ethnicity unknown:	<input type="text"/>
		<b>Total by Ethnicity:</b>	<b>0</b>
<b>Cancel</b>			<b>Save</b>



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- HELP ?

Annual Report: **2020** School Number: **123456** School Name: **ACCSC Institute of Technology** Type: **Main** Annual Report Status: **Not Submitted**

Address: **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:	Massage Therapy	
Program Code:	310	
Credential:	Diploma	
Report Date:	7/2020	Program Length in Months: <input type="text"/>
Beginning Date:		End Date: <input type="text"/>
<input type="button" value="CALCULATE"/>		
Is this chart for a satellite location? <input type="radio"/> Yes <input type="radio"/> No <input type="button" value="help"/>		
Is this chart for a program offered 100% via Distance Education? <input type="radio"/> Yes <input type="radio"/> No <input type="button" value="help"/>		

**REPORTING PERIOD**

Class Start Date (eg 01/15):															Total	%
Number Started:															####	
Transfers to Another Program:															####	###%
Transfers from Another Program:															####	###%
<b>Total Starts (+/- Transfers):</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	
Unavailable for Graduation: <input type="button" value="help"/>															####	###%
<b>Students Available For Graduation:</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>###%</b>
Withdrawn/Terminated Students:															####	###%
<b>Graduates within 150% Program Length:</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>###%</b>
<b>GRADUATION RATE</b>	<b>####</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>		<b>###%</b>
Graduates - Further Education: <input type="button" value="help"/>															####	###%
Graduates - Unavailable for Employment: <input type="button" value="help"/>															####	###%
Graduates - Available for Employment:	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	###%
Graduates - Employed in Field:															####	###%
<b>EMPLOYMENT RATE</b>	<b>####</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>		<b>###%</b>
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>	<b>####</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>	<b>###%</b>		<b>###%</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>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	<b>####</b>	Avg.
Licensure / Certification Examination Agency Rate:															####	###%

<input type="button" value="Cancel"/>		<input type="button" value="Save"/>
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Annual Report

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Annual Report Status: **Not Submitted**

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

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

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RETENTION CHART

<b>Cancel</b>		<input type="checkbox"/> Complete		<b>Save</b>	
Approved Program Title	Massage Therapy				
Program Code	310				
Credential	Diploma				
Report Date	7/2020	Program Length in Months:			
Cohort Start Date		Cohort End Date:	<b>CALCULATE</b>		

REPORTING PERIOD

														Total	%	
1	Cohort Start Date (e.g. 01/20)															
2	Percentage of Program Completed as of Report Date	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%		
3	Percentage of Program Remaining as of Report Date	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%		
4	Number Started													####		
5	Transfers to Another Program													####	###%	
6	Transfers from Another Program													####	###%	
7	<b>Total Starts (+/- Transfers)</b>	####	####	####	####	####	####	####	####	####	####	####	####	####		
8	Unavailable for Retention													####	###%	
9	<b>Students Available For Retention</b>	####	####	####	####	####	####	####	####	####	####	####	####	####	###%	
10	Withdrawn/Terminated Students													####	###%	
11	<b>Total Retained Students</b>	####	####	####	####	####	####	####	####	####	####	####	####	####	###%	
12	<b>Cohort Retention Rate</b>	####%	####%	####%	####%	####%	####%	####%	####%	####%	####%	####%	####%	####%	###%	
13	<b>Percentage of Program Completed</b>	15%	25%	50%	75%											
14	Total Students Retained	####	####	####	####											
15	Total Students	####	####	####	####											
16	<b>Program Retention Rates</b>	####%	####%	####%	####%											

<b>Cancel</b>		<b>Save</b>	
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