



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

Annual Report: **2022** School Number: **042458** School Name: **Not an active school** Type: **Main** Annual Report Status:
 Address1: **XXXX XXXX** City: **XXXX** State: **VA** Zip: **22201**

Report Prepared by:
 Report Completed by:
 Report Completed by Email: Complete

PART 1 - SCHOOL DEMOGRAPHIC DATA

School Director Salutation: Director Email:
 First Name: Last Name:
 Demographic Location: Unemployment Rate: %
 Website Directory Email: Median Yearly Household Income:
 Official Correspondence Name: Sample Name Official Correspondence Email:
 Official Correspondence Name: Official Correspondence Email:
 Chief Executive Officer Name: Chief Executive Officer Email:

PART 1a - Additional Contacts

1. Department Director: <input type="text"/>	1. Email Address: <input type="text"/>
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, 2021 and June 30, 2022? 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, 2021 and June 30, 2022? If so, select all that apply:
 Warning Probation Reporting Heightened Monitoring
 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/individual owns stock of the corporation that owns the school Check this box if the school is publicly traded

Corporate Compliance Officer: Title:
 Phone: Email:

PART 2a - 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

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 - NON-PROFIT BOARD MEMBERS

If the school is part of/owned by a non-profit organization/corporation, this certifies that an individual/entity group (owner or manager) that has any financial interest in the non-profit organization/corporation does not serve as a board member, have a seat on the Board, or is not a member of the non-profit corporation.

Board Chair

Name:

Board Member Names

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

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 ?	Financial Aid Participant: <input type="radio"/> Yes <input type="radio"/> No	OPEID: ? <input type="text"/>
Most Recent: <input type="text"/>	<input type="text"/>	3-Year Cohort Default Rate 2019: <input type="text"/> %	
2nd Most Recent: <input type="text"/>	<input type="text"/>	3-Year Cohort Default Rate 2018: <input type="text"/> %	
3rd Most Recent: <input type="text"/>	<input type="text"/>	3-Year Cohort Default Rate 2017: <input type="text"/> %	

PART 2d - SUBSTANTIVE CHANGES July 1, 2021 - June 30, 2022

- 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, 2021:
Additional enrollments: July 1, 2021 - June 30, 2022

Total Enrollments: **Label**

Students Graduated: July 1, 2021 - June 30, 2022
Students who withdrew or were terminated: July 1, 2021 - June 30, 2022

Total Enrollment as of June 30, 2022: [?](#) **Label**

If there are zero student enrollments for July 1, 2021 and/or June 30, 2022, please provide a brief explanation:

Percentage of students receiving:

Title IV Financial Assistance: [?](#) %

Title IV Pell Grants: [?](#) %

Title IV Loans: [?](#) %

Non-Title IV Assistance: [?](#) %

How many hours did faculty, staff and students devote to Community Service projects and activities organized by the school?:

Total student enrollment in any avocational / continuing education courses: [?](#) July 1, 2021 - June 30, 2022

Cancel



Log Off
042458
Timeout:
44.9 minutes

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<input type="button" value="Cancel"/>	<input type="checkbox"/> Complete	<input type="button" value="Save"/>
PROGRAM ENROLLMENT SUMMARY		
ACCSC Approved Program Title:	Test Program	
Program Code:	199	
Credential:	Diploma	
Date Approved by ACCSC:	06/30/2021	
Program Approval Type:	Occupational	
Program Length in Months:	12	
Approved Clock Hours:	720	Total Tuition: <input type="text"/>
Approved Credit Hours:	34	Additional Expenses: <input type="text"/>
Credit Hour Type	Semester	Average starting salary for graduates: <input type="text"/>
<input checked="" type="checkbox"/> An externship is offered as a part of the program.		
Externship clock hours:	120	
Externship credit hours	4	
LICENSURE/CERTIFICATION EXAMINATION ADMINISTERING AGENCY		
Licensure or Certification Examination is required for Employment <input type="radio"/> Yes <input type="radio"/> No		
ENROLLMENT DATA		
Is there reportable data on the Graduation & Employment ("G&E") Chart for this program? <input type="radio"/> Yes <input type="radio"/> No		
Do students take any portion of the program via Distance Education <input type="radio"/> Yes <input type="radio"/> No		
Satellite Location Enrollment <input type="radio"/> Yes <input type="radio"/> No		
Graduated Between 7/1/21 and 6/30/22		
i. Employed in field:	<input type="text"/>	<input type="text"/>
ii. Employed in unrelated field:	<input type="text"/>	<input type="text"/>
iii. Further Ed: 4 year college:	<input type="text"/>	<input type="text"/>
iv. Further Ed: 2 year college:	<input type="text"/>	<input type="text"/>
v. Further Ed: Trade school:	<input type="text"/>	<input type="text"/>
vi. Further Ed: Other Training:	<input type="text"/>	<input type="text"/>
vii. Unemployed:	<input type="text"/>	<input type="text"/>
viii. Unknown:	<input type="text"/>	<input type="text"/>
ix. Incarcerated:	<input type="text"/>	<input type="text"/>
x. Military:	<input type="text"/>	<input type="text"/>
xi. Death:	<input type="text"/>	<input type="text"/>

xii. Medical:			
xiii. International:			
Total Graduated:	0		

Withdrew or Terminated Between 7/1/21 and 6/30/22 

i. Employed in field:			
ii. Employed in unrelated field:			
iii. Incarcerated:			
iv. Military Service:			
v. Death:			
vi. Medical:			
vii. International Student:			
viii. Financial/Family:			
ix. Moved from area:			
x. Personal Reasons:			
xi. Attendance:			
xii. Academic:			
xiii. Transfer within school:			
xiv. Other:			
xv. Unknown:			
Total Withdrew or Terminated:	0		
Total Number of Students Enrolled as of 6/30/22:	0		

For the following questions, please identify the characteristics for students enrolled as of 6/30/22 

a. No HS Diploma/GED:		a. Under 25:		
b. GED:		b. 25-34:		
c. HS Diploma:		c. 35-44:		
d. Post-Secondary:		d. 45-Over:		
e. Associates:		Total by Age:	0	
f. Baccalaureate:		a. White:		
g. Post Baccalaureate:		b. Black or African American:		
Total by Credential:	0	c. Hispanic/Latino:		
a. Male:		d. Asian:		
b. Female:		e. American Indian or Alaska Native:		
c. Not disclosed		f. Native Hawaiian or Other Pacific Islander:		
Total by Gender:	0	g. Two or more races		
		h. Race and Ethnicity unknown:		
		Total by Ethnicity:	0	
Cancel			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:		Test Program												
Program Code:		199												
Credential:		Diploma												
Report Date:		7/2022		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 01/19):													Total	%
Number Started:													####	
Transfers to Another Program/Cohort:													####	###%
Transfers from Another Program/Cohort:													####	###%
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:													####	###%
<input type="button" value="Cancel"/>												<input type="button" value="Save"/>		



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 Address1: **XXXX** City: **XXXX** State: **VA** Zip: **22201**

RETENTION CHART																
Cancel		<input type="checkbox"/> Complete										Save				
Approved Program Title		Test Program														
Program Code		199														
Credential		Diploma														
Report Date		7/2022		Program Length in Months:												
Cohort Start Date help				Cohort End Date:										CALCULATE		
REPORTING PERIOD																
1	Cohort Start Date (e.g. 01/20)													Total	%	
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	Total Starts (+/- Transfers)		###	###	###	###	###	###	###	###	###	###	###	#####	#####	
8	Unavailable for Retention													####	###%	
9	Students Available For Retention		###	###	###	###	###	###	###	###	###	###	###	#####	#####	
10	Withdrawn/Terminated Students													####	###%	
11	Total Retained Students		###	###	###	###	###	###	###	###	###	###	###	#####	#####	
12	Cohort Retention Rate		###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	###%	#####	#####	
13	Percentage of Program Completed		15%	25%	50%	75%										
14	Total Students Retained		###	###	###	###										
15	Total Students		###	###	###	###										
16	Program Retention Rates		###%	###%	###%	###%										
Cancel		<input type="checkbox"/> Complete										Save				