



Program Information Confirmation Document

Institution Code: 52959305

Institution Name: West Coast Emergency Medical Training

Program: EMT Education Program

All approved institutions are required to post the most current Annual Report submission, conspicuously on the homepage of their website. The Annual Report will be available on the Bureau’s website 48 hours after Bureau staff has completed and finalized the review of your submission. You may access your complete Annual Report document on the Bureau’s website at [https://www.bppe.ca.gov/webapps/summary\\_2018.php](https://www.bppe.ca.gov/webapps/summary_2018.php). Once Bureau staff alert you that your entire submission is complete, you may either, 1. Copy the link associated with your institution’s Annual Report and paste the link to your institution’s website. OR 2. You may select your Annual Report by clicking “Annual Report” copy and paste the Annual Report document to your institution’s website.

Because reviewing each institution’s submission is a timely process, the Bureau recommends that you compile all the confirmation documents into one file, in the following order, and save as verification of your submission, until it is available on the Bureau’s website:

Compile and merge all of the confirmation documents into one PDF file, in the following order:

1. One (1) 2019 Annual Report Institution Data Confirmation Document (sent when the Institution Data workflow is complete.)
2. All 2019 Annual Report Program Data Confirmation Documents (sent when each of the Program Data workflow is complete.)
3. All 2019 Annual Report Branch Location Data Confirmation Documents (sent when each of the Branch Data workflow is complete.)
4. All 2019 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Program Data submitted:

**Program Data Tab:**

1. Report Year: 2019      2. Institution Code: 52959305  
 3. Institution Name: West Coast Emergency Medical Training

**Program Name Tab:**

4. Program Name: EMT Education Program  
 5. Degree/Program Level: Diploma/Certificate      5a. Degree/Program Level Other:  
 6. Degree/Program Title:      6a. Degree/Program Title Other:

**Financial and Graduation Tab:**

|   |  |   |
|---|--|---|
| 7. Number of Degrees or Diplomas Awarded? 1278  | 8. Total Charges for this Program? \$950.00        | 9. The percentage of enrolled students in 2017 receiving federal student loans to pay for this program. 0 |
| 10. The percentage of graduates in 2017 who took out federal student loans to pay for this program. 0 | 11. Number of Students Who Began the Program? 1425 | 12. Students Available for Graduation? 1425   |
| 13. On-time Graduates? 1278   | 14. Completion                                     | 15. 150% Completion Rate?   |

|  |                |  |
|--|----------------|--|
|  | Rate? 89.68421 |  |
|--|----------------|--|

16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? No

**Placement Data Tab:**

CEC § 94929.5 requires institutions to report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

|  |  |                                     |
|--|--|-------------------------------------|
| <b>17. Graduates Available for Employment?</b> 1278  | <b>18 Graduates Employed in the Field?</b> 208 | <b>19. Placement Rate?</b> 16.27543 |
| <b>20. Graduates Employed in the field...</b>  |  |                                     |
| <b>20a. 20 to 29 hours per week?</b> 32 <b>20b. At least 30 hours per week?</b> 176  |  |                                     |
| <b>21. Indicate the number of graduates employed...</b>  |  |                                     |
| <b>21a. In a single position in the field of study:</b> 203 <b>21b. Concurrent aggregated positions in the field of study:</b> 5   |  |                                     |
| <b>21c. Freelance/self-employed:</b> 0 <b>21d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution:</b> 0 |  |                                     |

**Exam Passage Rate Tab:**

5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

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

22a. Do graduates have the option or requirement for more than one type of State licensing exam? No

Option/Requirement #1:

Option/Requirement #2:

Option/Requirement #3:

Option/Requirement #4:

**Exam Passage Rate - Year 1 Tab:**

23. Name of the State licensing entity that licenses the field: Yes

24. Name of Exam? National Registry of EMT's

|  |  |  |                                  |
|--|--|--|----------------------------------|
| <b>25. Number of Graduates Taking State Exam?</b> 1139 | <b>26. Number Who Passed the State Exam?</b> 950 | <b>27. Number Who Failed the State Exam?</b> 189 | <b>28. Passage Rate?</b> 83.4065 |
|--|--|--|----------------------------------|

29. Is This Data from the State Licensing Agency that Administered the Exam? Yes      29a. Name of Agency: National Registry of EMT's

30. If the response to #29 is "No", provide a description of the process used for Attempting to Contact Students.

**Exam Passage Rate - Year 2 Tab:**

31. Name of the State licensing entity that licenses the field: National Registry of EMT's

32. Name of Exam? National Registry of EMT's

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| <b>33. Number of Graduates Taking State Exam?</b> 1078 | <b>34. Number Who Passed the State Exam?</b> 848 | <b>35. Number Who Failed the State Exam?</b> 230 | <b>36. Passage Rate?</b> 78.66419 |
|--|--|--|-----------------------------------|

37. Is This Data from the State Licensing Agency that Administered the Exam? Yes      37a. Name of Agency: National Registry of EMT's

38. If the response to #37 is "No", provide a description of the process used for Attempting to Contact Students.

**Salary Data Tab:**

CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of \$5,000.00 for graduates employed in the field of study.

**39. Graduates Available for Employment?** 1278

**40. Graduates Employed in the Field of Study?** 208

**41. Graduates Employed in the Field of Study reported receiving the following salary or wage:**

|                         |                         |                        |                         |
|-------------------------|-------------------------|------------------------|-------------------------|
| \$0 - \$5,000: 0        | \$5,001 - \$10,000: 0   | \$10,001 - \$15,000: 0 | \$15,001 - \$20,000: 0  |
| \$20,001 - \$25,000: 99 | \$25,001 - \$30,000: 0  | \$30,001 - \$35,000: 0 | \$35,001 - \$40,000: 13 |
| \$40,001 - \$45,000: 0  | \$45,001 - \$50,000: 10 | \$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 \$100,001: 0       |                         |                        |                         |