



Institution Information Confirmation Document

Institution Code: 29965853

Institution Name: Community Regional Medical Center

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://bppe.ca.gov/webapplications/annualReports/2019/summary>. 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) 2022 Annual Report Institution Data Confirmation Document (sent when the Institution Data workflow is complete.)
2. All 2022 Annual Report Program Data Confirmation Documents (sent when each of the Program Data workflow is complete.)
3. All 2022 Annual Report Branch Location Data Confirmation Documents (sent when each of the Branch Data workflow is complete.)
4. All 2022 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Institution Data submitted:

Institution Data Tab:

1. Report Year: 2022
2. Institution Code: 29965853
3. Institution Name: Community Regional Medical Center
4. Street Address? 2823 Fresno Street
5. City: Fresno
6. State: CA
7. Zip Code: 93721
8. Institution Type: Non-profit corporation
9. Number of Branch Locations? 0
10. Number of Satellite Locations? 0

Fees/Accreditation Tab:

11. (a) Is this institution current with all assessments to the Student Tuition Recovery Fund? Yes
11. (b) Is this institution current on Annual Fees? Yes
12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? No

Accrediting Agency(ies):

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation. N/A
 14. Has any accreditation agency taken any final disciplinary action against this institution? No
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Financial Tab:

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? No

What is the total amount of Title IV funds received by your institution in this Reporting Year?

16. Does your institution participate in veterans' financial aid education programs? No

What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year?

17. Does your institution participate in the Cal Grant program? No

What is the total amount of Cal Grant funds received by your institution in this Reporting Year?

18. Is your institution on the California's Eligible Training Provider List (ETPL)? No

19. Is your institution receiving funds from the Workforce Innovation and Opportunity Act (WIOA) Program? No

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) :
No

If yes, please provide the name of the financial aid program.

What is the total amount of any other state or federal funds received by your institution in the reporting year? \$0.00

21. The percentage of institutional income that was derived from public funding. 0

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) : No

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.: N/A

23. The percentage of institutional income in the reporting year derived from any non-government financial aid. : 0

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.: 0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school.: 0

26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution. : \$0.00

Offerings Tab:

27. Total number of students enrolled at this institution? 23

28. Number of Doctorate Degree Programs Offered? 0

29. Number of Students enrolled in Doctorate programs at this institution? 0

30. Number of Master Degree Programs Offered? 0

31. Number of Students enrolled in Master programs at this institution? 0

32. Number of Bachelor Degree Programs Offered? 0

33. Number of Students enrolled in Bachelor programs at this institution? 0

34. Number of Associate Degree Programs Offered? 0

35. Number of Students enrolled in associate programs at this institution? 0

36. Number of Diploma or Certificate Programs Offered? 3

37. Number of Students enrolled in diploma or certificate programs at this institution? 23

Total Program Count: 3

Website/Uploads Tab:

Institution Website: <https://www.communitymedical.org/for-healthcare-professionals/sonography-programs>

38. School Performance Fact Sheet Upload: SPFS_(3).pdf

39. Catalog Upload: Catalogs_(2).pdf

40. Enrollment Agreement Upload: Enrollment_Agreements_(3).pdf



Program Information Confirmation Document

Institution Code: 29965853

Institution Name: Community Regional Medical Center

Program: Advanced Cardiac Track

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Program Data submitted:

Program Data Tab:

1. Report Year: 2022
2. Institution Code: 29965853
3. Institution Name: Community Regional Medical Center

Program Name Tab:

4. Program Name: Advanced Cardiac Track
5. Degree/Program Level: Diploma/Certificate
- 5a. Degree/Program Level Other:
6. Degree/Program Title:
- 6a. Degree/Program Title Other:
7. SOC Code(s): 29-2032 - Diagnostic Medical Sonographers

Financial and Graduation Tab:

8. Number of Degrees or Diplomas Awarded? 0	9. Total Charges for this Program? \$9,142.18	10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program. 0
11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program. 0	12. Number of Students Who Began the Program? 7	13. Students Available for Graduation? 0
14. On-time Graduates? 0	15. Completion Rate?	16. 150% Graduates? 0 17. 150% Completion Rate?

18. 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.

19. Graduates Available for Employment? 0	20. Graduates Employed in the Field? 0	21. Placement Rate?
22. Graduates Employed in the field...		
22a. 20 to 29 hours per week? 0 22b. At least 30 hours per week? 0		
23. Indicate the number of graduates employed...		
23a. In a single position in the field of study: 0 23b. Concurrent aggregated positions in the field of study: 0		
23c. Freelance/self-employed: 0 23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: 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.

26. Does this educational program lead to an occupation that requires State licensing? No

26a. Do graduates have the option or requirement for more than one type of State licensing exam?

- Option/Requirement #1:
- Option/Requirement #2:
- Option/Requirement #3:
- Option/Requirement #4:

Exam Passage Rate - Year 1 Tab:

27. Name of the State licensing entity that licenses the field:

28. Name of Exam?

29. Number of Graduates Taking State Exam?	30. Number Who Passed the State Exam?	31. Number Who Failed the State Exam?	32. Passage Rate?
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33. Is This Data from the State Licensing Agency that Administered the Exam? **33a. Name of Agency:**

34. If the response to #33 is "No", provide a description of the process used for Attempting to Contact Students.

Exam Passage Rate - Year 2 Tab:

35. Name of the State licensing entity that licenses the field:

36. Name of Exam?

37. Number of Graduates Taking State Exam?	38. Number Who Passed the State Exam?	39. Number Who Failed the State Exam?	40. Passage Rate?
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41. Is This Data from the State Licensing Agency that Administered the Exam? 41a. Name of Agency:

42. If the response to #41 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.

43. Graduates Available for Employment? 0 44. Graduates Employed in the Field of Study? 0

45. 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: 0	\$25,001 - \$30,000: 0	\$30,001 - \$35,000: 0	\$35,001 - \$40,000: 0
\$40,001 - \$45,000: 0	\$45,001 - \$50,000: 0	\$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			