



Annual Report Submission Confirmation

Galaxy Medical College

This is to confirm your Annual Report submission. If you have any questions, please reference the request number provided below communicating with the Bureau.

Request #: DCA-BPPE-Finalize-002673

Institution Name: Galaxy Medical College

Institution Code: 14732699

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 431-6959, press "6" when prompted.



Galaxy Medical College - 2019 Annual Report

Institution Data:

- 1. **Report Year:** 2019
- 2. **Institution Code:** 14732699
- 3. **Institution Name:** Galaxy Medical College
- 4. **Street Address (Physical Location):** 6400 Laurel Canyon Blvd Suite 115
- 5. **City:** North Hollywood
- 6. **State:** CA
- 7. **Zip Code:** 91606
- 8. **Form of business organization of this institution:** Sole Proprietor
- 9. **Number of Branch Locations:** 0
- 10. **Number of Satellite Locations:** 0
- 11a. **Is this institution current with all assessments to the Student Tuition Recovery Fund?** Yes
- 11b. **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?** Yes
 - 12a. **Accrediting Agency (more than one agency may be selected):** Accrediting Bureau of Health Education Schools
- 13. **If your institution has specialized accreditation from a recognized United States Department of Education accrediting agency, please provide the name of the agency and the accreditation program.** Yes
 - 13a. **Name of Accrediting Agency:** Accrediting Bureau of Health Education Schools
 - 13b. **Name of Accreditation Program:** Accredited Health Education Program
- 14. **Has any accreditation agency taken any final disciplinary action against this institution in the last 5 years?** No
- 15. **Does your institution participate in federal financial aid programs under Title IV of the Federal Education Reform Act of 1998?** Yes
 - 15a. **What is the total amount of Title IV funds received by your institution in this Reporting Year?** \$1,200,000
- 16. **Does your institution participate in veterans' financial aid education programs?** No
- 17. **Does your institution participate in the Cal Grant program?** No

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

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

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Pro

20. Does your Institution participate in, or offer, any other state or federal government financial

21. Provide the percentage of institutional income during this Reporting Year that was derived fr

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e

23. The percentage of institutional income in the reporting year that was derived from any non-g

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Edu

25. Provide the percentage of the students who attended this institution during this Reporting Y
the school: 79

27. Total number of students currently enrolled at this institution. Indicate the number of studer
number of students who cancelled during the cancellation period) January 1st through Decembe

28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Pro
not Students): 0

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number (
institution as of January 1st through December 31st, minus the number of students who cancell

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs
Students): 0

31. Number of Students enrolled in Master programs at this institution? Indicate the number of s
January 1st through December 31st, minus the number of students who cancelled during the car

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Progi
Students): 0

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number o
as of January 1st through December 31st, minus the number of students who cancelled during th

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Progi

35. Number of Students enrolled in Associate programs at this institution? Indicate the number c
as of January 1st through December 31st, minus the number of students who cancelled during th

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certi
Students): 4

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate t
programs at your institution as of January 1st through December 31st, minus the number of stud

Institution's Website: www.GalaxyMedicalCollege.edu

Program Data:

- 1. Report Year:** 2019
- 2. Institution Code:** 14732699
- 3. Institution Name:** Galaxy Medical College
- 4. Name of Program:** Health Claims Examiner
- 5. Program Level:** Diploma/Certificate
- 6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program:**
- 7. Select all Standard Occupational Classification (SOC) Codes that apply to this program:** 13-103
- 8. Number of Degrees, Diplomas or Certificates Awarded:** 26
- 9. Total Charges for this Program:** \$14,500.00
- 10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program:**
- 11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program:**
- 12. Number of Students Who Began the Program:** 16
- 13. Number of Students Available for Graduation:** 27
- 14. Number of On-time Graduates:** 26
- 15. Completion Rate:** 96.3
- 16. 150% Graduates?:** N/A
- 17. 150% Completion Rate:** N/A
- 18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the U.S. Department of Education?**
- 19. Graduates Available for Employment:** 23
- 20. Graduates Employed in the Field:** 20
- 21. Placement Rate:** 86.96
- 22. Graduates employed in the field**
 - 22a. 20 to 29 hours per week:** 5
 - 22b. at least 30 hours per week:** 18

23. Indicate the number of graduates employed

23a. In a single position in the field of study: 21

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time): 0

23c. Freelance/self-employed: 1

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: 0

24. Does this "Program" lead to a certificate or degree related to one or more of the following all

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

43. Graduates Available for Employment: 23

44. Graduates Employed in the Field: 20

45. Graduates Employed in the Field 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: 3

\$35,001 - \$40,000: 12

\$40,001 - \$45,000: 5

\$45,001 - \$50,000: 3

\$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

\$85,001 - \$90,000: 0

\$90,001 - \$95,000: 0

\$95,001 - \$100,000: 0

Over \$100,000: 0

1. **Report Year:** 2019
2. **Institution Code:** 14732699
3. **Institution Name:** Galaxy Medical College
4. **Name of Program:** Phlebotomy Technician I
5. **Program Level:** Diploma/Certificate
6. **Select the Classification of Instructional Programs (CIP) Code that applies to this educational program:** 51-9999
7. **Select all Standard Occupational Classification (SOC) Codes that apply to this program:** 31-909
8. **Number of Degrees, Diplomas or Certificates Awarded:** 31
9. **Total Charges for this Program:** \$2,500.00
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:** 33
13. **Number of Students Available for Graduation:** 31
14. **Number of On-time Graduates:** 31
15. **Completion Rate:** 100
16. **150% Graduates?:** N/A
17. **150% Completion Rate:** N/A
18. **Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the U.S. Department of Education?** Yes
19. **Graduates Available for Employment:** 20
20. **Graduates Employed in the Field:** 18
21. **Placement Rate:** 90
22. **Graduates employed in the field**
 - 22a. **20 to 29 hours per week:** 7

22b. at least 30 hours per week: 11

23. Indicate the number of graduates employed

23a. In a single position in the field of study: 15

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time): 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

24. Does this "Program" lead to a certificate or degree related to one or more of the following all listed occupations? Yes

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

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

Name of Option/Requirement (1): NHA

Name of Option/Requirement (2): N/A

Name of Option/Requirement (3): N/A

Name of Option/Requirement (4): N/A

Exam Passage Rate Data - 2019

27. Name of the State licensing entity that licenses this field: CA Dept of Public Health - Labor

28. Name of State Exam: NHA

29. Number of Graduates Taking State Exam: 20

30. Number Who Passed the State Exam: 17

31. Number Who Failed the State Exam: 3

32. Passage Rate: 85

33. Is this data from the State licensing agency that administered the exam?: No

34. Provide a description of the process used for Attempting to Contact Students: The state licensing agency provided is for the NHA national licensing exam.

Exam Passage Rate Data - 2018

35. Name of the State licensing entity that licenses this field: CA Dept of Public Health - Labor

36. Name of State Exam: NHA

37. Number of Graduates Taking State Exam: 20

38. Number Who Passed the State Exam: 17

39. Number Who Failed the State Exam: 3

40. Passage Rate: 85

41. Is this data from the State licensing agency that administered the exam?: No

42. Provide a description of the process used for Attempting to Contact Students: The state li
NHA exam.

43. Graduates Available for Employment: 20

44. Graduates Employed in the Field: 18

45. Graduates Employed in the Field 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: 4

\$35,001 - \$40,000: 11

\$40,001 - \$45,000: 2

\$45,001 - \$50,000: 1

\$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 \$100,000: 0



- 1. Report Year:** 2019
- 2. Institution Code:** 14732699
- 3. Institution Name:** Galaxy Medical College
- 4. Name of Program:** Medical Assistant
- 5. Program Level:** Diploma/Certificate
- 6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program:**
- 7. Select all Standard Occupational Classification (SOC) Codes that apply to this program:** 31-909
- 8. Number of Degrees, Diplomas or Certificates Awarded:** 19
- 9. Total Charges for this Program:** \$15,500.00
- 10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for education:**
- 11. The percentage of graduates in the reporting year who took out federal student loans to pay for education:**
- 12. Number of Students Who Began the Program:** 22
- 13. Number of Students Available for Graduation:** 21
- 14. Number of On-time Graduates:** 19
- 15. Completion Rate:** 90.48
- 16. 150% Graduates?:** N/A
- 17. 150% Completion Rate:** N/A
- 18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the U.S. Department of Education?**
- 19. Graduates Available for Employment:** 13
- 20. Graduates Employed in the Field:** 11
- 21. Placement Rate:** 84.62
- 22. Graduates employed in the field**
 - 22a. 20 to 29 hours per week:** 3
 - 22b. at least 30 hours per week:** 8
- 23. Indicate the number of graduates employed**
 - 23a. In a single position in the field of study:** 9

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time): 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

24. Does this "Program" lead to a certificate or degree related to one or more of the following all listed professions? Yes

24a. The Allied Health Professions requiring clinical training: Medical Assistant

24b. Enter the name(s) of clinical site(s):

Site Name	License or FIEN #	Program Name	
N/A	N/A	N/A	

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any kind was received from a for-profit business, nonprofit, or other organization, clinic, hospital, or other location where the student is currently employed or has been employed in the past 12 months: No

Site Name	Donation or Compensation Received
N/A	N/A

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

43. Graduates Available for Employment: 13

44. Graduates Employed in the Field: 11

45. Graduates Employed in the Field 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: 1

\$35,001 - \$40,000: 3

\$40,001 - \$45,000: 4

\$45,001 - \$50,000: 3

\$50,001 - \$55,000: 0

\$55,001 - \$60,000: 0

\$60,001 - \$65,000: 0

\$55,001 - \$60,000: 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 \$100,000: 0

1. Report Year: 2019

2. Institution Code: 14732699

3. Institution Name: Galaxy Medical College

4. Name of Program: Pharmacy Technician

5. Program Level: Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program:

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program: 29-205

8. Number of Degrees, Diplomas or Certificates Awarded: 15

9. Total Charges for this Program: \$15,000.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for program charges:

11. The percentage of graduates in the reporting year who took out federal student loans to pay for program charges:

12. Number of Students Who Began the Program: 11

13. Number of Students Available for Graduation: 17

14. Number of On-time Graduates: 15

15. Completion Rate: 88.24

16. 150% Graduates?: N/A

17. 150% Completion Rate: N/A

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the U.S. Department of Education?

19. Graduates Available for Employment: 12

20. Graduates Employed in the Field: 11

21. Placement Rate: 91.67

22. Graduates employed in the field

22a. 20 to 29 hours per week: 5

22b. at least 30 hours per week: 6

23. Indicate the number of graduates employed

23a. In a single position in the field of study: 11

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time): 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

24. Does this "Program" lead to a certificate or degree related to one or more of the following all

24a. The Allied Health Professions requiring clinical training: Pharmacy Technician and Technologist: 11

24b. Enter the name(s) of clinical site(s):

Site Name	License or FIEN #	Program Name	
N/A	N/A	N/A	

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of goods or services was received from the business, nonprofit, or other organization, clinic, hospital, or other location where the student was employed:

Site Name	Donation or Compensation Received
N/A	N/A

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

43. Graduates Available for Employment: 12

44. Graduates Employed in the Field: 11

45. Graduates Employed in the Field 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: 1

\$25,001 - \$30,000: 1

\$30,001 - \$35,000: 3

\$35,001 - \$40,000: 4

\$40,001 - \$45,000: 2

\$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 \$100,000: 0

Branch Data:

No Branch Data was inputted by this Institution.

Satellite Data:

No Satellite Data was inputted by this Institution.

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