



# Annual Report Submission Confirmation

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## **GalaxyMedicalCollege**

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-008549

**Institution Name:** GalaxyMedicalCollege

**Institution Code:** 14732699

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If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 574-8900, press "7" when prompted.

# Institution Data



## **Bureau for Private Postsecondary Educa** **Department of Consumer Affairs**

### 2021 Annual Report

### Institution Data Workflow

[\(Printer Friendly Annual Report Instructions Document\)](#)

#### 2021 BPPE Annual Report - Institution - General Information

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Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

**1. Report Year \***

**2021**

**2. Institution Code \***

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

**14732699**

**3. Institution Name (auto-populated) \***

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

**GalaxyMedicalCollege**

4. Street Address (Physical Location) \*

**6400 Laurel Canyon Blvd Suite 115**

5. City \*

**North Hollywood**

6. State \*

**CA**

7. Zip Code \*

**91606**

8. Select the type of business organization for this institution

**Sole Proprietor**

9. Number of Branch Locations \*

Indicate the number of branch locations associated with the main location. If none, enter zero ("0")

**0**

10. Number of Satellite Locations \*

Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")

**0**

## Graduate Identification Data

### 2021 BPPE Annual Report - Institution - Graduate Identification Data

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New Reporting Requirement: California Education Code section 94892.6 requires that institutions approved to operate by the Bureau collect, retain, and report specified information about each graduate completing a program on or after January 1, 2020. This includes identifying information for each graduate along with information about the program from which they graduated and the amount of student loan debt borrowed.

Pursuant to Title 5, California Code of Regulations section 74110, beginning in 2022 institutions will report this information to the Bureau annually through the Annual Report submission process. In the first reporting year, institutions shall provide information for each student who graduated from the institution's education program(s) between January 1, 2020 and December 31, 2021. In subsequent reporting years, institutions will report information only for students who graduated in the prior calendar year.

The AR\_LaborMarketData\_2021 reporting template linked below includes details about the data required to be reported for each student who graduated from the institution's education program(s) between January 1, 2020 and December 31, 2021. Click on the link to the template and save to your computer to fill out. After adding the required information to the "Data" tab, press the "Select files" button at the bottom of the portal Graduate Identification Data page to upload and attach your completed AR\_LaborMarketData\_2021 report to the institution's Annual

Report submission. Uploaded files must be Excel or CSV formats.

Please contact Jennifer Jones ([Jennifer.jones@dca.ca.gov](mailto:Jennifer.jones@dca.ca.gov)) with questions about this requirement.

[AR\\_LaborMarketData\\_2021.xlsx](#)

Upload completed Excel or CSV  
here \*

## Fees / Accreditation

### 2021 BPPE Annual Report - Institution - Fees/Accreditation

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Display Instructions for #11 - #14 (Toggle)

**Not Checked**

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**

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

**FOR PC USERS:** While using the mouse to select items, make sure you hold down the Control (Ctrl) key.

**FOR MAC USERS:** While using the mouse to select items, make sure you hold down the Command (Cmd) key.

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 approved specialized/programmatic accreditor, list the accreditation below.

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. \*

**No**

## Financial

### 2021 BPPE Annual Report - Institution - Financial

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For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

Display Instructions for #15 - #26 (Toggle)

**Not Checked**

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants) \*

**Yes**

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year? \*

**\$321,328.00**

16. Does your institution participate in veterans' financial aid education programs? \*

**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) Program? \*

**No**

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) \*

**No**

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?

**\$0.00**

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. \*  
If none, indicate "0".

**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.

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

**34.21**

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \*  
If Not Applicable, indicate "0".

**1.2**

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. \*

If none, indicate "0".

**74**

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

**\$8,605.00**

## Offerings

### 2021 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st. \*

If none, indicate "0".

**51**

28. Number of Doctorate Degree Programs Offered?  
Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate "0".

**0**

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate "0".

**0**

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate "0".

**0**



34. Number of Associate Degree Programs Offered?  
Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**2**

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate "0".

**20**

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**4**

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate "0".

**31**

Total Program Count

**6**

## Website / Uploads

2021 BPPE Annual Report - Institution - Website and Required Uploads

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**An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913)\*\*.**

\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

Institution's Website

**[www.GalaxyMedicalCollege.edu](http://www.GalaxyMedicalCollege.edu)**

38. Upload School Performance  
Fact Sheet \*

Required file format = PDF

**SPFS.pdf**

39. Upload Catalog \*

Required file format = PDF

**School Catalog .pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**Enrollment Agreement .pdf**

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The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

41. General File Upload (only use as directed by BPPE staff)

Recommended file format = PDF