

2020 Institution Data

[Institution Data](#)[Fees / Accreditation](#)[Financial](#)[Offerings](#)[Website / Uploads](#)

**Bureau for Private
Postsecondary Education**
Department of Consumer Affairs

2020 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

2020 BPPE Annual Report - Institution - General Info

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

1. Report Year *

2020

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.

69570029

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.

Veterinary Allied Staff Education, LLC

4. Street Address (Physical Location) *

8200 Maxwell Rd

5. City *

Dixon

6. State *

CA

7. Zip Code *

95620

8. Check all that apply to the form of business organization of this institution: *

- ☐ For profit corporation
- ☐ Non-profit corporation
- ☐ Partnership
- ☐ Sole Proprietor
- ☒ Limited Liability Company (LLC)

9. Number of Branch Locations *

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



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2020 BPPE Annual Report - Institution - Fees/Accreditation

☐ Display Instructions for #11 - #14 (Toggle)

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? *

☒ Yes ☐ No

11b. Is this institution current on Annual Fees? *

☒ Yes ☐ No

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? *

☐ Yes ☒ No

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. *

☐ Yes ☒ No

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2020 BPPE Annual Report - Institution - Financial

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)

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 ☒ No

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

☐ Yes ☒ No

17. Does your institution participate in the Cal Grant program? *

☐ Yes ☒ No

18. Is your institution on California's Eligible Training Provider List (ETPL)? *

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ 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) *

☐ Yes ☒ 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. *

0

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".

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".

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

2020 Institution Data

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2020 BPPE Annual Report - Institution - Offerings

☐ Display Instructions for #27 - #37 (Toggle)

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".

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".

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".

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".

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".

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".

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".

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".

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".

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".

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".

Total Program Count

0

2020 Institution Data

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2020 BPPE Annual Report - Institution - Website and Required Uploads

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.VETSTAFF-EDU.COM

38. Upload School Performance Fact Sheet *

Required file format = PDF

Select files...

39. Upload Catalog *

Required file format = PDF

Select files...

40. Upload Enrollment Agreement *

Required file format = PDF

Select files...

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

Select files...

Save

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Submit



Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2020 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2020

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.

69570029

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.

Veterinary Allied Staff Education, LLC

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Veterinary Allied Staff Education

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

Veterinary/Animal Health Technology/Technician and Veterinary Assistant.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2020 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

100

9. Total Charges for this Program *

\$5,100.00

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 *

If none, indicate "0".

100

13. Number of Students Available for Graduation *

If none, indicate "0".

100

14. Number of On-time Graduates *

If none, indicate "0".

100

15. Completion Rate

This is a calculated field based on #14 and #13.

100

16. 150% Graduates?

150

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

150

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *

No

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

100

20. Graduates Employed in the Field *

If none, indicate "0".

1000

21. Placement Rate

This is a calculated field based on #17 and #18.

1000

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

100

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

100

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate - Year 2. (Two years of data is required.)

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

No

Exam Passage Rate - Year 1

2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

Veterinary Medical Board

28. Name of State Exam *

Veterinary Technician National Exam

29. Number of Graduates Taking State Exam *

If none, indicate "0".

95

30. Number Who Passed the State Exam *

If none, indicate "0".

89

31. Number Who Failed the State Exam

This is a calculated field based on #25 and #26.

6

32. Passage Rate

This is a calculated field based on #25 and #26.

93.68421

**33. Is this data from the State
licensing agency that administered
the exam? ***

No

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

Facebook group

Exam Passage Rate - Year 2

2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

Display Instructions for #35-42 (Toggle)

Not Checked

**35. Name of the State licensing entity that licenses this
field ***

Veterinary Medical Board

36. Name of State Exam *

Veterinary Technician National Exam

37. Number of Graduates Taking State Exam *
If none, indicate "0".

93

38. Number Who Passed the State Exam *
If none, indicate "0".

84

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.

9

40. Passage Rate

This is a calculated field based on #33 and #34.

90.32258

41. Is this data from the State licensing agency that administered the State exam? *

No

42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students *

Facebook group

Salary Data

2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked**43. Graduates Available for Employment**

This field is auto-populated based on your entry in #17.

100**44. Graduates Employed in the Field**

This field is auto-populated based on your entry in #18.

1000

45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 *	\$5,001 - \$10,000 *
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *

\$40,001 - \$45,000 *

\$45,001 - \$50,000 *

100

\$50,001 - \$55,000 *

\$55,001 - \$60,000 *

\$60,001 - \$65,000 *

\$65,001 - \$70,000 *

\$70,001 - \$75,000 *

\$75,001 - \$80,000 *

\$80,001 - \$85,000 *

\$85,001 - \$90,000 *

\$90,001 - \$95,000 *

\$95,001 - \$100,000 *

Over \$100,000 *

Branch Data



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2020 Annual Report

Branch Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Branch Location Data

1. Report Year *

2020

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 #4.

69570029

3. School Code *

Enter school code (branch location)

69570029

4. 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.

Veterinary Allied Staff Education, LLC

Branch Data (California locations only)

5. Total number of students at this
branch location? *

Enter "0" if none.

1

6. Name of Programs offered at this branch location? *

Separate each program name with a comma or enter
'None'

Veterinary Technology

7. Street Address (physical location) *

8200 Maxwell Rd

8. City *

Dixon

9. State *

CA

10. Zip Code *

95620

Satellite Location Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2020 Annual Report

Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Satellite Location Data

1. Report Year *

2020

2. Institution Code *

Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.

69570029

3. School Code *

Enter school code (Satellite Location)

69570029

4. 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.

Veterinary Allied Staff Education, LLC

Satellite Location Data (California locations only)

5. Street Address (Physical Location) *

6. City *

7. State *

CA

8. Zip Code *

Submit Annual Report Package to BPPE



Bureau for Private Postsecondary Education Department of Consumer Affairs

2020 Annual Report

Submit to BPPE

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Submit Annual Report Package to BPPE

1. Report Year *

2020

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.

69570029

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.

Veterinary Allied Staff Education, LLC

4. Name of Responsible Officer submitting online Annual Report? *

Saundra Snyder

5. Responsible Officer - Phone *

(707) 678-2472

6. Responsible Officer - Email *

sjsnyder@vetstaff-edu.com

7. Have you completed ONE Institution Data workflow for this Annual Report online submission? *

Yes

8. Have you completed ONE Program Data workflow PER OFFERED PROGRAM for this Annual Report online submission? *

Yes

9. Have you completed ONE Branch Data workflow PER BRANCH LOCATION for this Annual Report online submission? *

Yes

10. Have you completed ONE Satellite Data workflow PER SATELLITE LOCATION for this Annual Report online submission? *

No Satellite Locations

2020 Annual Report Certification

The certification must be signed by a responsible officer of the institution.

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report.

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

Signature

× Saundra Snyder

*

01/10/2022