



## "Institution Data" Workflow Confirmation

This notice is a confirmation that the Bureau for Private Postsecondary Education (Bureau) has received the "Institution Data" workflow for the 2024 Annual Report.

### Next Steps:

1. Complete all applicable program, branch and/or satellite data workflows for the Institution.
2. Confirm all completed workflows are in "Ready to Send" status. If a workflow is in "Pending Submission" status, the workflow will not be transmitted to the Bureau.
3. Once all applicable workflows for the institution are completed **AND** all workflows are in "Ready to Send" status you **MUST** finalize the Annual Report Portal submission by completing the **"Submit to BPPE"** workflow.

The "Submit to BPPE" workflow will update all completed workflows from "Ready to Send" status to "Analyst Review". During the analyst review process, you may be contacted by email to log into the Annual Report Portal (<https://dca.prod.simpligov.com/>) if any deficiencies are found in your submission.

**Failure to submit a complete annual report pursuant to California Education Code section 94934 and Title 5 of the California Code of Regulations section 74110 may result in a citation and fine of up to \$5,000.00 per violation and/or additional disciplinary action.**

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

**Request:** DCA-BPPE-008689

**Institution Name:** 3. Institution Name (auto-populated): Healthstaff Training Institute, Inc.

**Institution Code:** 2. Institution Code: 3006691

# Institution Data



## Bureau for Private Postsecondary Education Department of Consumer Affairs

### 2024 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2024 BPPE Annual Report - Institution - General Info

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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 \*

2024

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.

3006691

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.

Healthstaff Training Institute, Inc.

4. Street Address (Physical Location) \*

601 S Miliken Ave, Ste. A

5. City \*

Ontario

6. State \*

CA

7. Zip Code \*

91761

8. Select the type of business organization for this institution \*

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")

1

10. Number of Satellite Locations \*

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

1

## Graduate Identification Data

### 2024 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.

The AR\_LaborMarketData\_2024 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, 2024 and December 31, 2024. 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\_2024 report to the institution's Annual Report submission. Uploaded files must be in 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\\_2024.xlsx](#)

Upload completed Excel or CSV here

\*

2024 Grad Data HSTi.xlsx

## Fees / Accreditation

### 2024 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

Checked

## Instructions

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

**11a. Is this institution current with all assessments to the Student Tuition Recovery Fund?** Indicate "Yes" if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate "No" if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.

**11b. Is this institution current on Annual Fees?** Indicate "Yes" if the institution has paid its Annual Fees. Indicate "No" if the institution has not paid its Annual Fees.

**12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** Include only full institutional accreditation, not programmatic accreditation. **Enter the name of the accrediting agency.** Refer to the attached list of accrediting agencies recognized by the United States Department of Education.

**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.

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? \*

**No**

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation below.

**N/A**

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

### 2024 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)

**Checked**

## Instructions

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

**21. Provide the percentage of institutional income in the Report Year derived from public funding.** (Add #15, #16, #17, and #19. Divide the sum by Institution's Total Revenue) All

money that is generated by the government to provide services to the general public is "public funding."

**23. Provide the percentage of institutional income during this reporting year derived from any non-government financial aid.** All non-government financial aid divided by total revenue.

**24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.** The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

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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) \*

**No**

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

**Yes**

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year? \*

**\$23,610.00**

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

**No**

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

**Yes**

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

**Yes**

19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? \*

**\$1,978,169.73**

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

**Yes**

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. \*

**Vocational Rehab (RTWSP)**

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

**\$1,105,070.00**

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. \*

If none, indicate "0".

**56**

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) \*

**No**

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".

**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".

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

### 2024 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

Checked

## Instructions

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

**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.

**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)

**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.

**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)

**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.



**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)

**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.

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

**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.

**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)

**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.

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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".

789

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".

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".

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".

15

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".

789

Total Program Count

15

## Website / Uploads

### 2024 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****<https://hsti.com/>****38. Upload School Performance****Fact Sheet \***

Required file format = PDF

**Binder All Programs BPPE.pdf****39. Upload Catalog \***

Required file format = PDF

**Hsti Catalog 2025 10-31-25.pdf****40. Upload Enrollment Agreement \***

Required file format = PDF

**Enrollment Agreement Sample  
2025 BPPE.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

Pursuant to 5 CCR § 74110 (f)(6), **financial statements are required to be submitted via mail in hard copy format to the Bureau and attention to the Annual Report Unit**; however, the institution may in addition upload an electronic version. This is optional.

**42. Upload Financial Statements**

Recommended file format = PDF

**Financial Statements 2024 KD Education.pdf**

# 2024 Branch Data



## "Branch Data" Workflow Confirmation

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This notice is a confirmation that the Bureau for Private Postsecondary Education (Bureau) has received the "Branch Data" workflow for the 2024 Annual Report.

### Next Steps:

1. Complete all applicable institution, program, and/or satellite data workflows for the Institution.
2. A "Branch Data" workflow must be completed for each Bureau-approved Branch location operating in the reporting year.
3. Confirm all completed workflows are in "Ready to Send" status. If a workflow is in "Pending Submission" status, the workflow will not be transmitted to the Bureau.
4. Once all applicable workflows for the institution are completed **AND** all workflows are in "Ready to Send" status you **MUST** finalize the Annual Report Portal submission by completing the **"Submit to BPPE"** workflow.

The "Submit to BPPE" workflow will update all completed workflows from "Ready to Send" status to "Analyst Review". During the analyst review process, you may be contacted by email to log into the Annual Report Portal (<https://dca.prod.simpligov.com/>) if any deficiencies are found in your submission.

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**Request:** DCA-BPPE-Branch-003570

**Institution Name:** 4. Institution Name (auto-populated): Healthstaff Training Institute, Inc.

**Institution Code:** 2. Institution Code: 3006691

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(<https://learn.simpligov.com/november-2025-release-notes>) (Build: 2025.11.17.8)

# 2024 Branch Data

Branch Data



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

## 2024 Annual Report

### Branch Location Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2024 BPPE Annual Report - Branch Location Data

1. Report Year \*

2024

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.

3006691



**3. School Code \***

Enter school code (branch location)

12758972

**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.

Healthstaff Training Institute, Inc.

## Branch Data (California locations only)

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

Enter "0" if none.

157

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

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

Clinical &amp; Administrative Medical Assistant, D

**7. Street Address (physical location) \***

27645 Jefferson Avenue, Suite 116

**8. City \***

Temecula

**9. State \***

CA

**10. Zip Code \***

92590

Save

Submit

# 2024 Satellite Data



## "Satellite Data" Workflow Confirmation

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This notice is a confirmation that the Bureau for Private Postsecondary Education (Bureau) has received the "Satellite Data" workflow for the 2024 Annual Report.

### Next Steps:

1. Complete all applicable institution, program, and/or branch data workflows for the Institution.
2. A "Satellite Data" workflow must be completed for each Bureau-approved Satellite location operating in the reporting year.
3. Confirm all completed workflows are in "Ready to Send" status. If a workflow is in "Pending Submission" status, the workflow will not be transmitted to the Bureau.
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**Request:** DCA-BPPE-Satellite-002957

**Institution Name:** 4. Institution Name (auto-populated): Healthstaff Training Institute, Inc.

**Institution Code:** 2. Institution Code: 3006691

# 2024 Satellite Data

Satellite Location Data



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

## 2024 Annual Report

### Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2024 BPPE Annual Report - Satellite Location Data

#### 1. Report Year \*

2024

#### 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.

3006691

**3. School Code \***

Enter school code (Satellite Location)

25861270

**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.

Healthstaff Training Institute, Inc.

**Satellite Location Data (California locations only)**

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**5. Street Address (Physical Location) \***

1970 Old Tustin Ave, Suite G

**6. City \***

Santa Ana

**7. State \***

CA

**8. Zip Code \***

92705

Save

Submit

