



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

You can now Print this page for your records.

After printing, you can proceed to enter in your Program data

### **BPPE Annual Report for 2015 - Institution**

**Tracking Number:** 2016113032209

**Report for Year:** 2015

**Institution Name:** California College of Ayurveda

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 2900251

**Street Address (Physical Location):** 700 Zion St

**City:** Nevada City

**State:** California

**Zip Code:** 95959

**Check all that apply to this institution:**

**For profit institution:** For profit institution

**Sole Proprietor:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**Is this institution current on Annual Fees?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval:** no

**If you answered yes to the question above, please identify the accrediting agency:**

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation: N/A**

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.: no**

**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 2015?: 0.00**

**Does your institution participate in veteran's financial aid education programs?: no**

**What is the total amount of veteran's financial aid funds received by your institution in 2015?: 0.00**

**Does your institution participate in the Cal Grant program?: no**

**What is the total amount of Cal Grant funds received by your institution in 2015?: 0.00**

**Is your institution on the California Eligible Training Provider List (ETPL)?: no**

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?: no**

**What is the total amount of WIOA funds received by your institution in 2015?: 0.00**

**Does your institution participate in, or offer any another government or non-governmental financial aid programs? no**

**If yes, please indicate the name of the financial aid program: N/A**

**The percentage of institutional income in 2015 that was derived from public funding: 0%**

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: N/A**

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was: 0**

**Total number of students enrolled at this institution: 189**

**Number of Doctorate Degrees Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees Offered: 0**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 4**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 189**

**Institution's website:** [www.ayurvedacollege.com](http://www.ayurvedacollege.com)

**Performance Fact Sheet:** [www.ayurvedacollege.com/college](http://www.ayurvedacollege.com/college)

**2015 Catalog:** [www.ayurvedacollege.com/resources](http://www.ayurvedacollege.com/resources)

**Annual Report:** [www.ayurvedacollege.com/college](http://www.ayurvedacollege.com/college)



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2016113032844**Report for Year:** 2015**Institution Code:** 2900251**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE  
INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:****Degree/Program Title:** DiplomaCertificate**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:****Name of Program (e.g. Business Administration, Massage, etc.):** Ayurvedic Health Educator**Number of Degrees or Diplomas Awarded:** 72**Total Charges for this program (Report whole dollars only):** \$ 5000**Number of Students Who Began the Program:** 105**Students Available for Graduation:** 105**On-time Graduates:** 68**Completion Rate:** 65**150% Completion Rate:** 4**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****Placement Rate: 0****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 0****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****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: 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 \$100,000: 0**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2016113033534

**Report for Year:** 2015

**Institution Code:** 2900251

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Clinical Ayurvedic Theory

**Number of Degrees or Diplomas Awarded:** 35

**Total Charges for this program (Report whole dollars only):** \$ 5000

**Number of Students Who Began the Program:** 35

**Students Available for Graduation:** 35

**On-time Graduates:** 35

**Completion Rate:** 100

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no



**PLACEMENT****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****Placement Rate: 0****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 0****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****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: 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 \$100,000: 0**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2016113033859**Report for Year:** 2015**Institution Code:** 2900251**INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE  
INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:****Degree/Program Title:** DiplomaCertificate**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:****Name of Program (e.g. Business Administration, Massage, etc.):** Ayurvedic Health  
Practitioner Internship**Number of Degrees or Diplomas Awarded:** 29**Total Charges for this program (Report whole dollars only):** \$ 4700**Number of Students Who Began the Program:** 30**Students Available for Graduation:** 30**On-time Graduates:** 29**Completion Rate:** 97**150% Completion Rate:** 0**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****Placement Rate: 0****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 0****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**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: 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 \$100,000: 0**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2016113034249**Report for Year:** 2015**Institution Code:** 2900251**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:****Degree/Program Title:** DiplomaCertificate**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:****Name of Program (e.g. Business Administration, Massage, etc.):** Clinical Ayurvedic Specialist Internship**Number of Degrees or Diplomas Awarded:** 18**Total Charges for this program (Report whole dollars only):** \$ 4300**Number of Students Who Began the Program:** 19**Students Available for Graduation:** 19**On-time Graduates:** 18**Completion Rate:** 95**150% Completion Rate:** 0**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no



**PLACEMENT****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****Placement Rate: 0****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 0****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****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: 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 \$100,000: 0**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

You can now Print this page for your records.

After printing, you can proceed to enter in additional Branch data .....OR  
if you are finished, please fill out and print the Annual Report Completion Check Sheet (which  
must be mailed in to the Bureau).

### **BPPE Annual Report for 2015 – Branch Locations**

**Tracking Number:** 2016113035105

**Report for Year:** 2015

**Institution Name:** California College of Ayurveda

**Institution Code:** 2900251

**Branch Address:** 0

**Branch City:** 0

**Branch State:** California

**Branch Zip Code:** 00000