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### **BPPE Annual Report for 2016 - Institution**

**Tracking Number:** 2018051383855

**Report for Year:** 2016

**Institution Name:** Quest Nursing Education Center

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 57476910

**Street Address (Physical Location):** 917 Harrison St

**City:** Oakland

**State:** California

**Zip Code:** 94607

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

**For profit institution:** For profit institution

**Sole Proprietor:**

**Corporation:**

**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 2016?:**

**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 2016?:**

**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?:**

**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 2016?:**

**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:**

**The percentage of institutional income in 2016 that was derived from public funding:** 0

**Enter the most recent three-year Cohort Default Rate reported by the US Department of Education, for this institution:** 0

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was:** 0

**Total number of students enrolled at this institution:** 0

**Number of Doctorate Degrees programs Offered:** 0

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

**Number of Master Degrees programs Offered:** 0

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

**Number of Bachelor Degrees programs Offered:** 0

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

**Number of Associate Degrees programs Offered: 0**

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

**Number of Diploma or Certificate Programs Offered: 0**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 0**

**Institution's website:** <https://questnursingschool.com/>

**Performance Fact Sheet:** <https://questnursingschool.com/school-performance-sheet/>

**2016 Catalog:** <https://questnursingschool.com/bppe-quest-catalogue/>

**Annual Report:** <https://questnursingschool.com/bppe-annual-report/>



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20180319104659

**Report for Year:** 2016

**Institution Name:** Quest Nursing Education Center

**Institution Code:** 57476910

#### **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.):** Vocational Nursing

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay for this  
program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

**Is the above data taken from 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 State licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year 2016:****Name of the State licensing entity that licenses this field: BVNPT****Name of Exam: Nclex****Number of Graduates Taking State Exam: 0****Number Who Passed the State Exam: n/a****Number Who Failed the State Exam: 0****Passage Rate: 0****Is this data from the State licensing agency that administered the exam?: no****Name of Agency:****If the response to #29 was no, provide a description of the process used for attempting to contact students:**

n/a

**Second Data Year 2015:****Name of the State licensing entity that licenses this field: BVNPT**

**Name of State Exam:** Nclex

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** 0

**Number Who Failed the State Exam:** 0

**Passage Rate:** 0

**Is this data from the licensing agency that administered the State exam?:** no

**Name of Agency:** 0

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

n/a

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

**Graduates Employed in the Field:**

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

**\$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:**

**\$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:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20180319101633

**Report for Year:** 2016

**Institution Name:** Quest Nursing Education Center

**Institution Code:** 57476910

#### **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.):** Nursing Assistant

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay for this  
program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0



**Is the above data taken from 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 State licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year 2016:****Name of the State licensing entity that licenses this field:** california department of public health**Name of Exam:** nursing assistant competency exam**Number of Graduates Taking State Exam: 0****Number Who Passed the State Exam: n/a****Number Who Failed the State Exam: 0****Passage Rate: n/a****Is this data from the State licensing agency that administered the exam?: no****Name of Agency:****If the response to #29 was no, provide a description of the process used for attempting to contact students:**

n/a

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** california department of public health

**Name of State Exam:** nursing assistant competency exam

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** n/a

**Number Who Failed the State Exam:** 0

**Passage Rate:** n/a

**Is this data from the licensing agency that administered the State exam?:** no

**Name of Agency:**

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

n/a

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

**\$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:**

**\$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:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20180319103426

**Report for Year:** 2016

**Institution Name:** Quest Nursing Education Center

**Institution Code:** 57476910

#### **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.):** Home Health Aide

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay for this  
program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

**Is the above data taken from 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 State licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year 2016:****Name of the State licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking State Exam:****Number Who Passed the State Exam:****Number Who Failed the State Exam:****Passage Rate:****Is this data from the State licensing agency that administered the exam?:****Name of Agency:****If the response to #29 was no, provide a description of the process used for attempting to contact students:****Second Data Year 2015:****Name of the State licensing entity that licenses this field:****Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State 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 State 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: n/a**

**Graduates Employed in the Field: n/a**

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

**\$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:**

**\$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:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20180319103958

**Report for Year:** 2016

**Institution Name:** Quest Nursing Education Center

**Institution Code:** 57476910

#### **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.):** IV therapy/Blood  
Withdrawal

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay for this  
program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0



**150% Completion Rate: 0**

**Is the above data taken from 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 State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State 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 State 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: n/a**

**Graduates Employed in the Field: n/a**

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

**\$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:**

**\$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:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20180319105918

**Report for Year:** 2016

**Institution Name:** Quest Nursing Education Center

**Institution Code:** 57476910

#### **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.):** Emergency Medical  
Technician

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay for this  
program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate: 0**

**Is the above data taken from 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 State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: emsa**

**Name of Exam: nremt**

**Number of Graduates Taking State Exam: n/a**

**Number Who Passed the State Exam: 0**

**Number Who Failed the State Exam: 0**

**Passage Rate: 0**

**Is this data from the State licensing agency that administered the exam?: no**

**Name of Agency: n/a**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

0

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field: 0**

**Name of State Exam: 0**

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

**Number Who Failed the State Exam: 0**

**Passage Rate: 0**

**Is this data from the licensing agency that administered the State exam?: no**

**Name of Agency: 0**

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

0

**Do graduates have the option or requirement for more than one type of licensing State 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: n/a**

**Graduates Employed in the Field: 0**

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

**\$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:**

**\$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:**