Annual Report
Completion Check Sheet and Certification

Print a copy of this Completion Check Sheet. The certification must be signed by a responsible officer of the institution. **Please keep a copy for your records.**

Return this Completion Check Sheet and Certification with the following documents:

Paper Copy Confidential Documents: Must submit paper copy only.

- ☐ A current compiled, reviewed or audited Financial Statement * as required pursuant to 5 CCR §74115. Tax returns and/or bank statements will not be accepted.

Electronic Copy Public Documents:
All documents contained on the CD or flash drive will be posted to the Bureau's website. The institution must take precaution to ensure that no confidential data, such as financial statements or students' personal information, is contained within these documents on the CD or flash drive.

- ☐ Please provide the following document on a Flash Drive or CD:
  - Student Performance Fact Sheet (unless a link to it is provided in the Annual Report)
  - 2013 School Catalog (unless a link to it is provided in the Annual Report)
  - United States Department of Education final administrative actions (if any),
  - Accreditation agency formal disciplinary actions (if any),
  - A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC §94910(f)(2))
  - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))

Name of Institution _____

Institution Code _____

Address of Institution _____

City/State/Zip Code _____

Name Responsible Officer and Contact Telephone Number/Email (please print or type)

_____

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report and on the Flash Drive or CD; the information contained on the Flash Drive or CD may not include any confidential information.

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 of Responsible Officer) (Date)

_____
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: _____

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400
Sacramento, CA 95833

* “Current" with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d).) The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.