



# Burke Williams Academy of Massage Therapy - 2017 Annual Report Summary

## Institution Data:

1. **Report Year** : 2017
2. **Institution Code** : 4700111
3. **Institution Name** : Burke Williams Academy of Massage Therapy
4. **Street Address (Physical Location)** : 1801 S. La Cienega Blvd, Suite 302
5. **City** : Los Angeles
6. **State** : CA
7. **Zip Code** : 90035
8. **Check all that apply to this institution** : For profit institution; Limited Liability Corporation (LLC)
9. **Number of Branch Locations** : 1
10. **Number of Satellite Locations** : 0
- 11a. **Is this institution current with all assessments to the Student Tuition Recovery Fund?** : Yes
- 11b. **Is this institution current on Annual Fees?** : No
12. **Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** : No
- 12a. **Accrediting Agency (more than one agency may be selected)** : N/A
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?** : No
15. **Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?** : No
- 15a. **What is the total amount of Title IV funds received by your institution in this Reporting Year?** :  
N/A

**16. Does your institution participate in veterans' financial aid education programs? : No**

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

**17. Does your institution participate in the Cal Grant program? : No**

**17a. What is the total amount of Cal Grant Funds received by your institution in this Reporting Year? : N/A**

**18. Is your institution on California`s Eligible Training Provider List (ETPL)? : No**

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

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

**20. Does your Institution participate in, or offer any other government or non-government financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans) : Yes**

**20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. : Burke Williams Reimbursement and Service Agreement**

**21. Provide the percentage of institutional income during this Reporting Year that was derived from public funding. : 0**

**22. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. : 0**

**23. 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. : 0**

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

**25. Number of Doctorate Degree Programs Offered? : 0**

**26. Number of Students enrolled in Doctorate programs at this Institution? : 0**

**27. Number of Master Degree programs offered? : 0**

**28. Number of Students enrolled in Master programs at this institution? : 0**

**29. Number of Bachelor Degree programs offered? : 0**

**30. Number of Students enrolled in Bachelor programs at this institution? : 0**

**31. Number of Associate Degrees programs offered? : 0**

**32. Number of Students enrolled in Associate programs at this institution? : 0**

**33. Number of Diploma or Certificate Programs offered? : 1**

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

**Total Program Count : 1**

**Institution's Website :** bwmassageschool.com

**Files Uploaded :** Performance Fact Sheet; Catalog

## Program Data:

**1. Report Year :** 2017

**2. Institution Code :** 4700111

**3. Institution Name :** Burke Williams Academy of Massage Therapy

**4. Name of Program :** Massage Therapy

**5. Degree/Program Level :** N/A

**6. Degree/Program Title :** N/A

**7. Number of Degrees or Diplomas Awarded :** 66

**8. Total Charges for this Program :** 0.00

**9. The percentage of enrolled students in 2017 receiving federal student loans to pay for this program :** 0

**10. The percentage of graduates in 2017 who took out federal student loans to pay for this program :** 0

**11. Number of Students Who Began the Program :** 72

**12. Number of Students Available for Graduation :** 72

**13. Number of On-time Graduates :** 66

**14. Completion Rate :** 91.66667

**15. 150% Completion Rate :** 91

**16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? :** No

**17. Graduates Available for Employment :** 66

**18. Graduates Employed in the Field :** 60

**19. Placement Rate :** 90.90909

**Graduates employed in the field :**

**20a. 20 to 29 hours per week :** 60

**20b. at least 30 hours per week :** 0

**Indicate the number of graduates employed :**

**21a. In a single position in the field of study :** 60

**21b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) :**

0

**21c. Freelance/self-employed :** 0

**21d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution :** 0

**22. Does this educational program lead to an occupation that requires State licensing? :** No

**22a. Do graduates have the option or requirement for more than one type of licensing State exam? :**

N/A

**Name of Option/Requirement (1) :** N/A

**Name of Option/Requirement (2) :** N/A

**Name of Option/Requirement (3) :** N/A

**Name of Option/Requirement (4) :** N/A

**23. Name of the State licensing entity that licenses this field :** N/A

**24. Name of State Exam :** N/A

**25. Number of Graduates Taking State Exam :** N/A

**26. Number Who Passed the State Exam :** N/A

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

**28. Passage Rate :** 0

**29. Is this data from the State licensing agency that administered the exam? :** 0

**29a. Name of Agency :** N/A

**30. If the response to #29 was "No" provide a description of the process used for Attempting to Contact Students :** N/A

**31. Name of the State licensing entity that licenses this field :** N/A

**32. Name of State Exam :** N/A

**33. Number of Graduates Taking State Exam :** N/A

**34. Number Who Passed the State Exam :** N/A

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

**34. Number Who Passed the State Exam :** N/A

**37. Is this data from the State licensing agency that administered the State exam? :** 0

**37a. Name of Agency :** N/A

**38. If the response to #37 was "No" provide a description of the process used for Attempting to****Contact Students :** N/A**39. Graduates Available for Employment :** 66**40. Graduates Employed in the Field :** 60**41. 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 : 0

\$5,001 - \$10,000 : 0

\$10,001 - \$15,000 : 0

\$15,001 - \$20,000 : 40

\$20,001 - \$25,000 : 0

\$25,001 - \$30,000 : 0

\$30,001 - \$35,000 : 20

\$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

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**Branch Data:**

- 1. Report Year :** 2017
  - 2. Institution Code :** 4700111
  - 3. Institution Name :** Burke Williams Academy of Massage Therapy
  - 4. Total number of students at this branch location? :** 22
  - 5. Name of Programs offered at this branch location? :** Massage Therapy
  - 6. Street Address (physical location) :** 801 S Bascom Ave.
  - 7. City :** San Jose
  - 8. State :** CA
  - 9. Zip Code :** 95128
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## Satellite Data:

No Satellite Data was inputted by this Institution.

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