0.Gov		ment of Consumer Affair eau for Prive	ate Postsed	About Us Complaints	Contact L Search	Is Forms	Laws California
C.GOV	HOME	STUDENTS	SCHOOLS	ENFORCEMENT			
BPPE Annual Rep	port for 201	8 - Institution					

1. Report for Year: 201,			
2. Institution Name: Diamond Light Sch	ool of Massage & Healing Arts		
3. Institution Code (Enter institutional cod	le (main location)): 2100971		
4. Street Address (Physical Location):	85 Bolinas Road		
Fairfax			
California			
7. Zip Code: 94960			
8. Check all that apply to this institution:			
For profit institution	Sole Proprietor	Corporation	
Non-profit institution	 Limited Liability Corporation (LLC) 	Publicly traded institution	
Partnership			
9. Number of Branch Locations: 0	\$		
10. Number of Satellite Locations: 0	\$		
 Yes O No b. Is this institution current on Annual Ference Yes No 			
	crediting agency/agencies recognized by the Unit re than one accrediting agency. Include only full ir		the drop down box, and refer
make sure that you do the following: FOR PC USERS: While using the mouse	ve, please identify the accrediting agency. Please to select items, make sure you hold down the Co se to select items, make sure you hold down the C	ntrol (Ctrl) key at the same time.	in order to accomplish this
	-		
13. If your institution has specialized acc accreditation:	reditation from a recognized United States Depart	nent of Education approved specialized/program	matic accreditor, list the
14. Has any accreditation agency taken a Completion Check Sheet. ○ Yes ● No	any formal disciplinary action against this institution	1? If Yes, please submit a paper copy of the actic	on, refer to the Annual Report
	deral financial aid programs under Title IV of the Fo	ederal Higher Education Act?	

🔿 Yes 💿 No

What is the total amount of Title IV funds received by your institution in 201ì ?

16. Does your institution participate in veteran's financial aid education programs?

🔿 Yes 💽 No

What is the total amount of veteran's financial aid funds received by your institution in 2011?

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

🔿 Yes 💽 No

What is the total amount of Cal Grant Funds received by your institution in 2011?

 18. Is your institution on the California's Eligible Training Provider List (ETPL)?
19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? ○ Yes
What is the total amount of WIOA funds received by your institution in 201Ì?
20. Does your Institution participate in, or offer any other government or non-governmental financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans) Ves No
If yes, please provide the name of the financial aid program:
21. The percentage of institutional income in 2011 that was derived from public funding.
22. Enter the most recent three-year Cohort Default Rate reported by the U.S. Department of Education, for this institution: 0, if applicable.
23. The percentage of the students who attended this institution in 201) who received federal student loans to help pay their cost of education at the school was:
24. Total number of students enrolled at this institution: 12
25. Number of Doctorate Degrees programs Offered:
26. Number of Students enrolled in Doctorate level programs at this Institution:
27. Number of Master Degrees programs Offered: 0
28. Number of Students enrolled in Master level programs at this institution: 0
29. Number of Bachelor Degrees programs Offered: 0
30. Number of Students enrolled in Bachelor level programs at this institution: 0
31. Number of Associate Degrees programs Offered: 0
32. Number of Students enrolled in Associate level programs at this institution: 0
33. Number of Diploma or Certificate Programs Offered: 4
34. Number of Students enrolled in Diploma or Certificate programs at this institution: 12

35. Institutions maintaining an internet web page are required to post on the homepage of their website clear and conspicuous links to the most recent Annual Report submitted to the Bureau, Catalog, and School Performance Fact Sheet (CEC §94913).** Please post the documents to your website prior to submitting the certification and provide the links to the institution's Annual Report, Catalog, School Performance Fact Sheet below. If the institution does not maintain an internet website, leave this space blank.

**The Bureau recommends a portion of the school's website dedicated to providing students with the required information below. This section should include the Annual Report, Catalog, and Student Performance Fact Sheet.

Links	
Institution's Website: www.diamondlight.net	
Performance Fact Sheet:]
Catalog:	
Annual Report:	

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Report for Year: 2018 BPPE Annual Report for 2018 - Programs	
1. Institution Name: Diamond Light School of Massage & Healing Arts	Information for
2. Institution Code (Enter institutional code (main location)): 2100971	each Educational
the Institution	Program Offered at
 3. Degree/Program Level: Diploma/Certificate If "Other", please specify: 4. Degree/Program Title: Diploma or Certificate If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify: 5. Name of Program (e.g. Business Administration, Massage, etc.): Massage Therapy Course 6. Number of Degrees or Diplomas Awarded: 2 7. Total Charges for this program \$ 1995 	 15. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? Yes • No
8. The percentage of enrolled students in 2018 receiving federal student loans to pay for	or
this program. 0	Placement
9. The percentage of graduates in 2016 who took out federal student loans to pay for	
this program. 0	21. Indicate the number of graduates
10. Number of Students Who Began the Program: 4	employed:
11. Students Available for Graduation: 2	Single position in
12. On-time Graduates: 2	field:
13. Completion Rate: 50	
14. 150% Completion Rate: 0	
16. Graduates Available for Employment: 0	
17. Graduates Employed in the Field: 0	
18. Placement Rate: 100	
19. Graduates employed in the field 20 to 29 hours per week:	
20. Graduates employed in the field at least 30 hours per week:]
0	
Concurrent aggregated positions in field (2 or more positions at the same time):	
Frelance/self-employed: 0	
By the institution or an employer owned by the institution, or an employer who sta	rhed ownership with
the institution: 0	

Exam Passage Rate

22. Does this educational program lead to an occupation that requires State licensing?

 \bigcirc Yes \odot No If "Yes", please provide the information below:

(For	each	of	the	last	two	years):
1	IUI	cuch	V 1	nuc	insi	1110	years	

First Data Year 2018

23. Name of the State licensing entity that licenses this field:
24. Name of Exam:
25. Number of Graduates Taking State Exam:
26. Number Who Passed the State Exam:
27. Number Who Failed the State Exam:
28. Passage Rate:
29. Is this data from the State licensing agency that administered the exam? ○ Yes ⊙ No Name of Agency :
30. If the response to #29 was "no" provide a description of the process used for attempting to contact students:
This program does not meet the educational hours requirement to take the licensing exam
Second Data Year 2017
31. Name of the State licensing entity that licenses this field:

32. Name of State Exam:

33. Number of Graduates Taking State Exam:

34. Number Who Passed the State Exam:

35. Number Who Failed the State Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the State exam? ○ Yes ○ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for attempting to contact students:

Name of Option/Requirement:	
Name of Option/Requirement:	
Name of Option/Requirement:	

Salary Data

:

- **40.** Graduates Available for Employment: 0
- **41.** Graduates Employed in the Field: 0
- 42. Graduates Employed in the Field Reported receiving the following Salary or Wage:

\$0 – \$5,000: o
\$5,001 - \$10,000: 0
\$10,001 - \$15,000: o
\$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





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- •____
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Report for Year: 2018

1. Institution Name:

Diamond Light School of Massage & Healing Arts

2. Institution Code (Enter institutional code (main location)): 2100971

3. Degree/Program Level:	Diploma/Certificate 🗘	If "Other",	please specify:
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4. Degree/Program Title: Diploma or Certificate If "Other Doctorate",

"Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.):

the Institution

 Advanced Bodywork Therapist 6. Number of Degrees or Diplomas Awarded: 0 7. Total Charges for this program \$ 4600 	Department of Education? O Yes • No
8. The percentage of enrolled students in 2016 receiving federal student loans to pay fo	r
 this program. 0 9. The percentage of graduates in 2016 who took out federal student loans to pay for 	Placement
this program. 0 10. Number of Students Who Began the Program: 0	21. Indicate the number of graduates
11. Students Available for Graduation: 0	employed: Single position in field:
12. On-time Graduates: 0 13. Completion Rate: 100	neid.
14. 150% Completion Rate: 0 16. Graduates Available for Employment: 0	
17. Graduates Employed in the Field: 0	
18. Placement Rate: 100	
19. Graduates employed in the field 20 to 29 hours per week: 0	
20. Graduates employed in the field at least 30 hours per week:	
O Concurrent aggregated positions in field (2 or more positions at the same time): O	
Frelance/self-employed: 0	

By the institution or an employer owned by the institution, or an employer who starhed ownership with the institution: 0

Exam Passage Rate

22. Does this educational program lead to an occupation that requires State licensing? ○ Yes ⊙ No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year 2018

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

24. Name of Exam: MBLEX

25. Number of Graduates Taking State Exam: 0

26. Number Who Passed the State Exam: 0

27. Number Who Failed the State Exam: 0

28. Passage Rate: 100

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

🔾 Yes 💽 No

Name of Agency :

30. If the response to #29 was "no" provide a description of the process used for attempting to contact students:

There were no graduates from this program in 2016

Second Data Year 2017

31. Name of the State licensing entity that licenses this field:

n/a
32. Name of State Exam: MBLEX
33. Number of Graduates Taking State Exam: 0
34. Number Who Passed the State Exam: 0
35. Number Who Failed the State Exam: 0
36. Passage Rate: 100
 37. Is this data from the licensing agency that administered the State exam? ○ Yes ○ No
Name of Agency :
38. If the response to #37 was "no" provide a description of the process used for attempting to contact students:

39. Do graduates have the option or requirement for more than one type of licensing State exam?
Name of Option/Requirement:
Name of Option/Requirement:
Name of Option/Requirement:

Salary Data

40. Graduates Available for Employment: 0

41. Graduates Employed in the Field: $\boxed{0}$

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

	A			About	Us Complaints	Contact Us Forms	s Laws
CA		eau for Priv	ate Postseo	condary Educa	ation	Search This Site	California
0.001	HOME	STUDENTS	SCHOOLS	ENFORCEMENT			
BPPE Annual Re	port for 201	8 - Programs					
Institution Information	1						
Report for Year: 2018					ı		
1. Institution Name: Dia	-			1			
2. Institution Code (Ente	er institutional code	e (main location)): 21	00971				
Information for each E	ducational Progr	am Offered at the In	stitution				
3. Degree/Program Leve	el: Diploma/Certi	ficate 🗘 If "Other",	please specify:				
4. Degree/Program Title	e: Diploma or Cer	tificate	If "Other Doctor	ate", "Other Master", "Oth	er Bachelor", "Other	Associate" or "Other" wa	s chosen,
please specify:							
5. Name of Program (e.	g. Business Admin	istration, Massage, e	tc.): Professional B	odywork Therapist			
6. Number of Degrees o	or Diplomas Award	ed: 9					
7. Total Charges for this	program \$ 8000						
8. The percentage of en	rolled students in 2	2016 receiving federa	I student loans to pa	y for this program.			
9. The percentage of gra	aduates in 2016 w	ho took out federal st	udent loans to pay fo	or this program.			
10. Number of Students	Who Began the P	rogram: 23					
11. Students Available for	or Graduation: 9						
12. On-time Graduates:	9						
13. Completion Rate: 1	00						
14. 150% Completion R							
15. Is the above data tal	ken from the Integ	rated Postsecondary	Education Data Syst	em (IPEDS) of the United	I States Department o	f Education?	
Placement							
16. Graduates Available	e for Employment:	9					
17. Graduates Employe	d in the Field: 8						
18. Placement Rate: 88	8						
19. Graduates employed	d in the field 20 to	29 hours per week: [3				
20. Graduates employed	d in the field at lea	st 30 hours per week:	0				
21. Indicate the number Single position in fie		loyed:					
Concurrent aggrega	ated positions in fie	eld (2 or more position	ns at the same time)	2			
Freelance/self-emp	oloyed: 3						
By the institution or	r an employer own	ed by the institution, c	or an employer who s	shares ownership with the	e institution: 0		

Exam Passage Rate

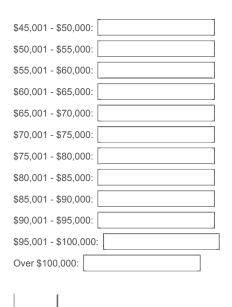
22. Does this educational program lead to an occupation that requires State licensing? ○ Yes • No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year 2016 Two years data is required.

23. Name of the State licensing entity that licenses this field:
24. Name of State Exam: MBLEX
25. Number of Graduates Taking State Exam: 9
26. Number Who Passed the State Exam: 8
27. Number Who Failed the State Exam: 1
28. Passage Rate: 88
29. Is this data from the State licensing agency that administered the exam? ○ Yes No
Name of Agency : 30. If the response to #29 was "no" provide a description of the process used for Attempting to Contact Students:
As a small school we are in close contact with graduates and ask them to report the results of the exam
Second Data Year 2015
31. Name of the State licensing entity that licenses this field:
32. Name of State Exam: MBLEX
33. Number of Graduates Taking State Exam: 1
34. Number Who Passed the State Exam: 1
35. Number Who Failed the State Exam: 0
36. Passage Rate: 100
37. Is this data from the State licensing agency that administered the State exam? ○ Yes No
Name of Agency :
38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students: Student reported results of exam
39. Do graduates have the option or requirement for more than one type of licensing State exam:
Name of Option/Requirement:
Name of Option/Requirement:
Name of Option/Requirement:
Salary Data
40. Graduates Available for Employment: 1
41. Graduates Employed in the Field: 1
42. 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: 1
\$25,001 - \$30,000:
\$30,001 - \$35,000:
\$35,001 - \$40,000:

\$40,001 - \$45,000:



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0.000	HOME	STUDENTS	SCHOOLS	ENFORCEMENT				
BPPE Annual Re	port for 201	8 - Programs						
Institution Information	n							
Report for Year: 2018					7			
1. Institution Name: Dia	amond Light Sch	ool of Massage & He	aling Arts					
2. Institution Code (Ente	er institutional cod	e (main location)): 21	00971					
Information for each E	Educational Prog	ram Offered at the In	stitution					
3. Degree/Program Lev	vel: Diploma/Cert	ificate 🗘 If "Other",	please specify:					
4. Degree/Program Title	e: Diploma or Ce	rtificate	 If "Other Doctor 	ate", "Other Master", "Other Bad	chelor", "Other A	ssociate" or '	"Other" was	chosen,
please specify:								
5. Name of Program (e.	.g. Business Admir	nistration, Massage, e	tc.): Energetic Hea	ling				
6. Number of Degrees of	or Diplomas Award	ded: 1			_			
7. Total Charges for this	s program \$ 1750)]					
8. The percentage of er	nrolled students in	2018 receiving federa	- Il student loans to pa	y for this program.				
9. The percentage of gr	raduates in 2018 w	vho took out federal st	udent loans to pay fo	or this program. 0				
10. Number of Students	s Who Began the F	Program: 1						
11. Students Available f	for Graduation: 1							
12. On-time Graduates:	: 1							
13. Completion Rate:	100							
14. 150% Completion R	Rate: 0							
15. Is the above data ta ○ Yes ● No	aken from the Integ	grated Postsecondary	Education Data Syst	tem (IPEDS) of the United State	s Department of	Education?		
Placement								
16. Graduates Available	e for Employment:	n/a						
17. Graduates Employe	ed in the Field: na	/						
18. Placement Rate: n,	/a							
19. Graduates employe	ed in the field 20 to	29 hours per week:	0					
20. Graduates employe	ed in the field at lea	ast 30 hours per week:	0					
21. Indicate the number	°i	bloyed:						
Single position in fi	L			[]				
	r	ield (2 or more position	ns at the same time)	0				
Freelance/self-emp	L				r			
By the institution or	r an employer owr	ned by the institution, o	or an employer who	shares ownership with the institu	ution: [0			

Exam Passage Rate

22. Does this educational program lead to an occupation that requires State licensing? ○ Yes • No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year 2018 Two years data is required.

23. Name of the State licensing entity that licenses this field:
24. Name of State Exam:
25. Number of Graduates Taking State Exam:
26. Number Who Passed the State Exam:
27. Number Who Failed the State Exam:
28. Passage Rate:
29. Is this data from the State licensing agency that administered the exam?
Name of Agency :
30. If the response to #29 was "no" provide a description of the process used for Attempting to Contact Students:
Second Data Year 2017
31. Name of the State licensing entity that licenses this field:
32. Name of State Exam:
33. Number of Graduates Taking State Exam:
34. Number Who Passed the State Exam:
35. Number Who Failed the State Exam:
36. Passage Rate:
 37. Is this data from the State licensing agency that administered the State exam? Yes No
Name of Agency :
38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:
39. Do graduates have the option or requirement for more than one type of licensing State exam:
Name of Option/Requirement:
Name of Option/Requirement:
Name of Option/Requirement:
Salary Data
40. Graduates Available for Employment: 0
41. Graduates Employed in the Field: 0
42. 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
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\$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: 00
\$75,001 - \$80,000: 00
\$80,001 - \$85,000: 0
\$85,001 - \$90,000: 0
\$90,001 - \$95,000: 0
\$95,001 - \$100,000: 00
Over \$100,000: 0