

Institution Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2024 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Institution - General Info

Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

3707991

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Healing Hands School of Holistic Health

4. Street Address (Physical Location) *

344 East Valley Parkway

5. City *

Escondido

6. State *

CA

7. Zip Code *

92025

9. Number of Branch Locations *

Indicate the number of branch locations associated with the main location. If none, enter zero ("0")

0

10. Number of Satellite Locations *

Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")

2

Fees / Accreditation

2024 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

Not Checked

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? *

Yes

11b. Is this institution current on Annual Fees? *

Yes

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? *

Yes

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key.

FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key.

12a. Accrediting Agency (more than one agency may be selected) *

Accrediting Bureau of Health Education Schools

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation below.

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate “yes” if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate “no” if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. *

No

Financial

2024 BPPE Annual Report - Institution - Financial

For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

Display Instructions for #15 - #26 (Toggle)

Checked

Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

21. Provide the percentage of institutional income in the Report Year derived from public funding. (Add #15, #16, #17, and #19. Divide the sum by Institution’s Total Revenue) All money that is generated by the government to provide services to the general public is “public funding.”

23. Provide the percentage of institutional income during this reporting year derived from any non-government financial aid. All non-government financial aid divided by total revenue.

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. The Cohort Default Rate (CDR) represents the percentage of this institution’s students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants)

*

Yes

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year? *

\$557,148.00

16. Does your institution participate in veterans' financial aid education programs? *

Yes

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

\$187,724.00

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

Yes

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

\$3,764.00

18. Is your institution on California's Eligible Training Provider List (ETPL)? *

Yes

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? *

Yes

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

\$25,402.00

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...)*

Yes

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. *

Vocational Rehabilitation

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year? *

\$60,749.85

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. *
If none, indicate "0".

57

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) *

No

23. The percentage of institutional income in the reporting year derived from any non-government financial aid. *

0

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. *
If Not Applicable, indicate "0".

0

25. 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. *
If none, indicate "0".

26

26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution. *

\$4,150.10

Offerings

2024 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Not Checked

Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st.

28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students)

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students)

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students)

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students)

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students)

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period)

January 1st through December 31st . *

If none, indicate "0".

310

28. Number of Doctorate Degree Programs Offered?

Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

30. Number of Master Degree Programs Offered?

Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

32. Number of Bachelor Degree Programs Offered?

Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

0

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

2

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *

If none, indicate "0".

310

Total Program Count

2

Website / Uploads

2024 BPPE Annual Report - Institution - Website and Required Uploads

An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913).**

**The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

Institution's Website

hhs.edu

38. Upload School Performance Fact Sheet *

Required file format = PDF

2023-2024 MT and HHP School Performance Fact Sheets - Healing Hands School - BPPE Institution 3707991.pdf

39. Upload Catalog *

Required file format = PDF

2024-2025 Annual Catalog.pdf

40. Upload Enrollment Agreement *

Required file format = PDF

MT and HHP Enrollment Agreements - BPPE Institution 3707991.pdf

The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

41. General File Upload (only use as directed by BPPE staff)

Recommended file format = PDF

Analyst Review

Analyst Review

Status

Need Additional Information

Institutions: Please address all comments and checked items before re-submitting this workflow.

Staff Comments:

You are receiving this email because of errors found in your 2024 Annual Report submission. Please log back into this workflow to see the errors with your submission. To get back into this workflow, you need to log into the portal and on the dashboard homepage, scroll down to your submitted workflows. On the left side you will see three dots on each submission, click on the dots relating to this submission (look for Action Required) and click on "Edit Request." Once you have corrected the issue, you can submit it again.

Make all corrections by 1/30/2026. Failure to do so may lead to citation and/or fines.

Institution Comments Regarding Staff Comments Above, If Applicable:

3. School Catalog - Section 94909

Other

If 'Other' is indicated in #3, explain below.

Upload a catalog from the 2024 academic year, the current uploaded catalog is from the 2025 academic year.

An updated institution catalog in the required PDF format can be re-uploaded under #39

INSTITUTIONS: Provide explanation or resolution for all items addressed in the School Catalog area, #3 above.

INSTITUTIONS: Provide explanation or resolution for all items addressed in the Financial Statement area, #5 above.

Institution Information



Bureau for Private Postsecondary Educ Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

3707991

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Healing Hands School of Holistic Health

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *

Massage Therapist

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.3501 - Massage Therapy/Therapeutic Massage.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

88

9. Total Charges for this Program *

\$9,000.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *

22

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *

33

12. Number of Students Who Began the Program *

If none, indicate "0".

115

13. Number of Students Available for Graduation *

If none, indicate "0".

115

14. Number of On-time Graduates *

If none, indicate "0".

66

15. Completion Rate

This is a calculated field based on #14 and #13.

57.3913

16. 150% Graduates?

83

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

72.17391

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

86

20. Graduates Employed in the Field *

If none, indicate "0".

61

21. Placement Rate

This is a calculated field based on #17 and #18.

70.93023

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

14

22b. at least 30 hours per week *

If none, indicate "0".

10

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

60

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *

If none, indicate "0".

1

23c. Freelance/self-employed *

If none, indicate "0".

30

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *

If none, indicate "0".

0

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2024 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

86

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

61

45. 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 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
1	3
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
2	2
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
2	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
5	3
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
2	2

\$70,001 - \$75,000 *

0

\$80,001 - \$85,000 *

0

\$90,001 - \$95,000 *

2

Over \$100,000 *

7

\$75,001 - \$80,000 *

5

\$85,001 - \$90,000 *

0

\$95,001 - \$100,000 *

0

Institution Information



Bureau for Private Postsecondary Educ Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2024

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

3707991

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Healing Hands School of Holistic Health

Program Name

2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Holistic Health Practitioner

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.3501 - Massage Therapy/Therapeutic Massage.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

8. Number of Degrees, Diplomas or Certificates Awarded to graduates scheduled to complete in the reporting year? "Number of Graduates" refers to the number of graduates in the reporting calendar year, who were scheduled to complete in said reporting calendar year. This is on-time grads, 150% grads and anyone else who was "scheduled to complete" in the calendar year.

9. Total Charges for this program? Indicate the total charges, in the reporting year, for the student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program, including books, uniforms and other charges, if the charges are required for participation in the educational program.

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program. Indicate the percentage of students enrolled in this program who received federal student loans to pay for this program. Divide the total number of students enrolled in this program, who received federal student loans to pay for this program, by the total number of students enrolled in this program.

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program. Indicate the percentage of graduates from this program, who received federal student loans to pay for this program. Divide the total number of graduates, who in the reporting year, took out federal student loans to pay for this program, by the total number graduates from this program in the reporting year.

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). Institutions with Bureau approved branches and/or satellites locations must combine the total number of students enrolled in all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation in the reporting year for the program being reported. This number should be the number of students who began the program (#12 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-Time Completion? Of the students available for graduation (#13 above), indicate the number of students who completed the program within 100% of the published length in the reporting year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Divide the number of On-Time Graduates (#14 above) by the number of Students Available for Graduation (#13 above).

16. 150% Graduates? Of the students available for graduation (#13 above), provide the number of students who completed the program within 150% of the published program length in the calendar year, this includes "On-Time Graduates" (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, provide the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates (#16 above), divided by the number of students available for graduation (#13 above). **A "rate" is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? Indicate "yes" if the information was taken from the data that was reported to IPEDS; Indicate "no" if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.

8. Number of Degrees, Diplomas or
Certificates Awarded *

If none, indicate "0".

56

9. Total Charges for this Program *

\$15,000.00

10. The percentage of enrolled
students in the reporting year
receiving federal student loans to
pay for this program *

30

11. The percentage of graduates in
the reporting year who took out
federal student loans to pay for this
program *

55

12. Number of Students Who Began
the Program *

If none, indicate "0".

100

13. Number of Students Available for
Graduation *

If none, indicate "0".

100

14. Number of On-time Graduates *

If none, indicate "0".

42

15. Completion Rate

This is a calculated field based on
#14 and #13.

42

16. 150% Graduates?

55

17. 150% Completion Rate

This is a calculated field based on
#16 and #13.

55

18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

51**20. Graduates Employed in the Field ***

If none, indicate "0".

42**21. Placement Rate**

This is a calculated field based on #17 and #18.

82.35294

22. Graduates employed in the field...**22a. 20 to 29 hours per week ***

If none, indicate "0".

7**22b. at least 30 hours per week ***

If none, indicate "0".

5

23. Indicate the number of graduates employed...**23a. In a single position in the field of study ***

If none, indicate "0".

42**23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) ***

If none, indicate "0".

0**23c. Freelance/self-employed ***

If none, indicate "0".

22**23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution ***

If none, indicate "0".

1

Allied Health

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2024 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2024 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

51

44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

42

45. 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 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	3
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	3
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
6	2
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
3	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
2	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
1	2
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
1	2
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
1	0
Over \$100,000 *	
2	

Satellite Location Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2024 Annual Report

Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Satellite Location Data

1. Report Year *

2024

2. Institution Code *

Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.

3707991

3. School Code *

Enter school code (Satellite Location)

3014001

4. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Healing Hands School of Holistic Health

Satellite Location Data (California locations only)

5. Street Address (Physical Location) *

23022 La Cadena, Suite 204

6. City *

Laguna Hills

7. State *

CA

8. Zip Code *

92653

Analyst Review

Analyst Review

Status

Need Additional Information

Staff Comments:

Edit the school code to: 3014001

Make all edits 1/30/2026

Institution Comments Regarding Staff Comments Above, If Applicable:

Satellite Location Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2024 Annual Report Satellite Location Data Workflow (Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Satellite Location Data

1. Report Year *

2024

2. Institution Code *

Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.

3707991

3. School Code *

Enter school code (Satellite Location)

25861281

4. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Healing Hands School of Holistic Health

Satellite Location Data (California locations only)

5. Street Address (Physical Location) *

9025 Balboa Avenue, Suite 130

6. City *

San Diego

7. State *

CA

8. Zip Code *

92123