

OEDS reporting period ( 2024 ) for: Allied Health Program - CNA - 8671

Reporting period is from **07/01/2022** to **06/30/2023**

Values must be numeric. Do not place commas or \$ / Round to the nearest whole number

For Example, if a dollar amount is requested and your value is \$2,345.56 your should enter 2346

**Student Data Hide/Show**

**Student Data** All boxes must be filled in. If none, place a 0 (zero)

**Admissions Hide/Show**

**Admissions** All boxes must be filled in. If none, place a 0 (zero)

**Admissions: Total Applications**

Applied

Accepted

Denied

**Admissions: High School Diploma** Students Possessing HS diploma/High School Equivalency (HSE)

Applied

Accepted

Denied

**Admissions: Ability to Benefit** Students whom have an Ability top Benefit(ATB)

Applied

Accepted

Denied

**Enrollment Hide/Show**

**Enrollment** All boxes must be filled in. If none, place a 0 (zero)

**Enrollment: Total Full Time Students**

- Enrolled after the reporting start date (noted above). Continued-Enrolled prior to the reporting start date (noted above).

New - Enrolled during the reporting period.

Continued-Enrolled prior to reporting period.

**Enrollment: Total Part Time Students**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Enrollment: Total Enrollments**

New - Enrolled during reporting period.

Continued-Enrolled prior to reporting period

**Of the total number of students listed above, how many were Ability to Benefit from each category?**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Outcome Status Hide/Show**

**Outcome Status** All boxes must be filled in. If none, place a 0 (zero)

**Total Students**

Withdrawn/Dropped out <input type="text" value="0"/>	Graduates: Enrolled prior to the reporting period start date and graduated this reporting year <input type="text" value="19"/>	Graduates: Enrolled and graduated this reporting year <input type="text" value="43"/>
Continueing: Enrolled this reporting period and continueing on into next reporting period <input type="text" value="9"/>		

**Of the total number of students listed above, how many were Ability to Benefit from each category**

Withdrawn/Dropped out <input type="text" value="0"/>	Graduates: Enrolled prior to reporting period and graduated this reporting period <input type="text" value="0"/>	Graduates: Enrolled and graduated this reporting year <input type="text" value="0"/>
Continueing: Enrolled this reporting period and continueing on into next reporting period <input type="text" value="0"/>		

**Graduation Follow-up: Employment Hide/Show**

**Graduation Follow-up: Employment** All boxes must be filled in. If none, place a 0 (zero)

**Total Number of Students**

In Occupation <input type="text" value="33"/>	Related Field <input type="text" value="0"/>	Unrelated Field <input type="text" value="0"/>
Seeking Employment <input type="text" value="14"/>	Status Unknown <input type="text" value="0"/>	Unavailable for Employment <input type="text" value="15"/>

**Of the total number of students listed above, how many were Ability to Benefit for each category**

In Occupation <input type="text" value="0"/>	Related Field <input type="text" value="0"/>	Unrelated Field <input type="text" value="0"/>
----------------------------------------------	----------------------------------------------	------------------------------------------------

Seeking Employment

Status Unknown

Unavailable for Employment

**Financial Assistance Hide/Show**

**Financial Assistance** A student may use more than one. All boxes must be filled in. If none, place a 0 (zero)

**TAP** New York Tuition Assistance Program

Full Time

Part Time

Total

**Direct Plus Loans Made to Parents of Dependant Studnets**

Full Time

Part Time

Total

**Federal PELL Grant** Basic Education Opportunity Grant

Full Time

Part Time

Total

**Federal Title IV** Federal Title IV Loans borrowed by student.

Full Time

Part Time

Total

**Adult Career and Continuing Ed. Services-Voc Rehab** ACCES-VR

Full Time

Part Time

Total

**Income Sharing Agreement or Deferred Tuition Agreement**

Full Time

Part Time

Total

**Worforce Innovation and Opportunity Act (WIOA)**

Full Time

Part Time

Total

**Veterans Benefits** Federal Veterans Benefits in any form or program

Full Time

Part Time

Total

**Private Student Loans** Private Student Loans obtained by the student

Full Time

Part Time

Total

**School Issued Credit** School Credit

Full Time

Part Time

Total

**Employer Sponsorsip through a Home Care Agency**

Full Time

Part Time

Total

**Other** Federal or State Subsidies

Full Time

Part Time

Total

**Any other Credit Extended by or on behalf of the Institution that the student is obligated to repay**

Full Time

Part Time

Total

**Self Funded** Student paid out of pocket or did not use any of the above methods

Full Time

Part Time

Total

**Education Opportunity Grant**

Full Time

Part Time

Total

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[New York State Education Department \(http://www.nysed.gov/\)](http://www.nysed.gov/)

OEDS reporting period ( 2024 ) for: Medical Assisting Hybrid Program - 9964

Reporting period is from **07/01/2022** to **06/30/2023**

Values must be numeric. Do not place commas or \$ / Round to the nearest whole number

For Example, if a dollar amount is requested and your value is \$2,345.56 your should enter 2346

**Student Data Hide/Show**

**Student Data** All boxes must be filled in. If none, place a 0 (zero)

**Admissions Hide/Show**

**Admissions** All boxes must be filled in. If none, place a 0 (zero)

**Admissions: Total Applications**

Applied

Accepted

Denied

**Admissions: High School Diploma** Students Possessing HS diploma/High School Equivalency (HSE)

Applied

Accepted

Denied

**Admissions: Ability to Benefit** Students whom have an Ability top Benefit(ATB)

Applied

Accepted

Denied

**Enrollment Hide/Show**

**Enrollment** All boxes must be filled in. If none, place a 0 (zero)

**Enrollment: Total Full Time Students**

- Enrolled after the reporting start date (noted above). Continued-Enrolled prior to the reporting start date (noted above).

New - Enrolled during the reporting period.

Continued-Enrolled prior to reporting period.

**Enrollment: Total Part Time Students**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Enrollment: Total Enrollments**

New - Enrolled during reporting period.

Continued-Enrolled prior to reporting period

**Of the total number of students listed above, how many were Ability to Benefit from each category?**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Outcome Status Hide/Show**

**Outcome Status** All boxes must be filled in. If none, place a 0 (zero)

**Total Students**

Withdrawn/Dropped out

Graduates: Enrolled prior to the reporting period start date and graduated this reporting year

Graduates: Enrolled and graduated this reporting year

Continueing: Enrolled this reporting period and continueing on into next reporting period

**Of the total number of students listed above, how many were Ability to Benefit from each category**

Withdrawn/Dropped out

Graduates: Enrolled prior to reporting period and graduated this reporting period

Graduates: Enrolled and graduated this reporting year

Continueing: Enrolled this reporting period and continueing on into next reporting period

**Graduation Follow-up: Employment Hide/Show**

**Graduation Follow-up: Employment** All boxes must be filled in. If none, place a 0 (zero)

**Total Number of Students**

In Occupation

Related Field

Unrelated Field

Seeking Employment

Status Unknown

Unavailable for Employment

**Of the total number of students listed above, how many were Ability to Benefit for each category**

In Occupation

Related Field

Unrelated Field

Seeking Employment

Status Unknown

Unavailable for Employment

**Financial Assistance Hide/Show**

**Financial Assistance** A student may use more than one. All boxes must be filled in. If none, place a 0 (zero)

**TAP** New York Tuition Assistance Program

Full Time

Part Time

Total

**Direct Plus Loans Made to Parents of Dependant Studnets**

Full Time

Part Time

Total

**Federal PELL Grant** Basic Education Opportunity Grant

Full Time

Part Time

Total

**Federal Title IV** Federal Title IV Loans borrowed by student.

Full Time

Part Time

Total

**Adult Career and Continuing Ed. Services-Voc Rehab** ACCES-VR

Full Time

Part Time

Total

**Income Sharing Agreement or Deferred Tuition Agreement**

Full Time

Part Time

Total

**Worforce Innovation and Opportunity Act (WIOA)**

Full Time

Part Time

Total

**Veterans Benefits** Federal Veterans Benefits in any form or program

Full Time

Part Time

Total

**Private Student Loans** Private Student Loans obtained by the student

Full Time

Part Time

Total

**School Issued Credit** School Credit

Full Time

Part Time

Total

**Employer Sponsorsip through a Home Care Agency**

Full Time

Part Time

Total

**Other** Federal or State Subsidies

Full Time

Part Time

Total

**Any other Credit Extended by or on behalf of the Institution that the student is obligated to repay**

Full Time

Part Time

Total

**Self Funded** Student paid out of pocket or did not use any of the above methods

Full Time

Part Time

Total

**Education Opportunity Grant**

Full Time

Part Time

Total

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OEDS reporting period ( 2024 ) for: Medical Assisting Hybrid Program - 10254

Reporting period is from **07/01/2022** to **06/30/2023**

Values must be numeric. Do not place commas or \$ / Round to the nearest whole number

For Example, if a dollar amount is requested and your value is \$2,345.56 your should enter 2346

**Student Data Hide/Show**

**Student Data** All boxes must be filled in. If none, place a 0 (zero)

**Admissions Hide/Show**

**Admissions** All boxes must be filled in. If none, place a 0 (zero)

**Admissions: Total Applications**

Applied

Accepted

Denied

**Admissions: High School Diploma** Students Possessing HS diploma/High School Equivalency (HSE)

Applied

Accepted

Denied

**Admissions: Ability to Benefit** Students whom have an Ability top Benefit(ATB)

Applied

Accepted

Denied

**Enrollment Hide/Show**

**Enrollment** All boxes must be filled in. If none, place a 0 (zero)

**Enrollment: Total Full Time Students**

- Enrolled after the reporting start date (noted above). Continued-Enrolled prior to the reporting start date (noted above).

New - Enrolled during the reporting period.

Continued-Enrolled prior to reporting period.

**Enrollment: Total Part Time Students**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Enrollment: Total Enrollments**

New - Enrolled during reporting period.

Continued-Enrolled prior to reporting period

**Of the total number of students listed above, how many were Ability to Benefit from each category?**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Outcome Status Hide/Show**

**Outcome Status** All boxes must be filled in. If none, place a 0 (zero)

**Total Students**

Withdrawn/Dropped out

Graduates: Enrolled prior to the reporting period start date and graduated this reporting year

Graduates: Enrolled and graduated this reporting year

Continueing: Enrolled this reporting period and continueing on into next reporting period

**Of the total number of students listed above, how many were Ability to Benefit from each category**

Withdrawn/Dropped out

Graduates: Enrolled prior to reporting period and graduated this reporting period

Graduates: Enrolled and graduated this reporting year

Continueing: Enrolled this reporting period and continueing on into next reporting period

**Graduation Follow-up: Employment Hide/Show**

**Graduation Follow-up: Employment** All boxes must be filled in. If none, place a 0 (zero)

**Total Number of Students**

In Occupation

Related Field

Unrelated Field

Seeking Employment

Status Unknown

Unavailable for Employment

**Of the total number of students listed above, how many were Ability to Benefit for each category**

In Occupation

Related Field

Unrelated Field

Seeking Employment

Status Unknown

Unavailable for Employment

**Financial Assistance Hide/Show**

**Financial Assistance** A student may use more than one. All boxes must be filled in. If none, place a 0 (zero)

**TAP** New York Tuition Assistance Program

Full Time

Part Time

Total

**Direct Plus Loans Made to Parents of Dependant Studnets**

Full Time

Part Time

Total

**Federal PELL Grant** Basic Education Opportunity Grant

Full Time

Part Time

Total

**Federal Title IV** Federal Title IV Loans borrowed by student.

Full Time

Part Time

Total

**Adult Career and Continuing Ed. Services-Voc Rehab** ACCES-VR

Full Time

Part Time

Total

**Income Sharing Agreement or Deferred Tuition Agreement**

Full Time

Part Time

Total

**Worforce Innovation and Opportunity Act (WIOA)**

Full Time

Part Time

Total

**Veterans Benefits** Federal Veterans Benefits in any form or program

Full Time

Part Time

Total

**Private Student Loans** Private Student Loans obtained by the student

Full Time

Part Time

Total

**School Issued Credit** School Credit

Full Time

Part Time

Total

**Employer Sponsorsip through a Home Care Agency**

Full Time

Part Time

Total

**Other** Federal or State Subsidies

Full Time

Part Time

Total

**Any other Credit Extended by or on behalf of the Institution that the student is obligated to repay**

Full Time

Part Time

Total

**Self Funded** Student paid out of pocket or did not use any of the above methods

Full Time

Part Time

Total

**Education Opportunity Grant**

Full Time

Part Time

Total

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OEDS reporting period ( 2024 ) for: Healthcare Management Hybrid Program - 10130

Reporting period is from **07/01/2022** to **06/30/2023**

Values must be numeric. Do not place commas or \$ / Round to the nearest whole number

For Example, if a dollar amount is requested and your value is \$2,345.56 your should enter 2346

**Student Data Hide/Show**

**Student Data** All boxes must be filled in. If none, place a 0 (zero)

**Admissions Hide/Show**

**Admissions** All boxes must be filled in. If none, place a 0 (zero)

**Admissions: Total Applications**

Applied

Accepted

Denied

**Admissions: High School Diploma** Students Possessing HS diploma/High School Equivalency (HSE)

Applied

Accepted

Denied

**Admissions: Ability to Benefit** Students whom have an Ability top Benefit(ATB)

Applied

Accepted

Denied

**Enrollment Hide/Show**

**Enrollment** All boxes must be filled in. If none, place a 0 (zero)

**Enrollment: Total Full Time Students**

- Enrolled after the reporting start date (noted above). Continued-Enrolled prior to the reporting start date (noted above).

New - Enrolled during the reporting period.

Continued-Enrolled prior to reporting period.

**Enrollment: Total Part Time Students**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Enrollment: Total Enrollments**

New - Enrolled during reporting period.

Continued-Enrolled prior to reporting period

**Of the total number of students listed above, how many were Ability to Benefit from each category?**

New - Enrolled during the reporting period

Continued-Enrolled prior to reporting period.

**Outcome Status Hide/Show**

**Outcome Status** All boxes must be filled in. If none, place a 0 (zero)

**Total Students**

Withdrawn/Dropped out <input type="text" value="1"/>	Graduates: Enrolled prior to the reporting period start date and graduated this reporting year <input type="text" value="0"/>	Graduates: Enrolled and graduated this reporting year <input type="text" value="11"/>
Continueing: Enrolled this reporting period and continueing on into next reporting period <input type="text" value="20"/>		

**Of the total number of students listed above, how many were Ability to Benefit from each category**

Withdrawn/Dropped out <input type="text" value="0"/>	Graduates: Enrolled prior to reporting period and graduated this reporting period <input type="text" value="0"/>	Graduates: Enrolled and graduated this reporting year <input type="text" value="0"/>
Continueing: Enrolled this reporting period and continueing on into next reporting period <input type="text" value="0"/>		

**Graduation Follow-up: Employment Hide/Show**

**Graduation Follow-up: Employment** All boxes must be filled in. If none, place a 0 (zero)

**Total Number of Students**

In Occupation <input type="text" value="8"/>	Related Field <input type="text" value="0"/>	Unrelated Field <input type="text" value="0"/>
Seeking Employment <input type="text" value="2"/>	Status Unknown <input type="text" value="0"/>	Unavailable for Employment <input type="text" value="1"/>

**Of the total number of students listed above, how many were Ability to Benefit for each category**

In Occupation <input type="text" value="0"/>	Related Field <input type="text" value="0"/>	Unrelated Field <input type="text" value="0"/>
----------------------------------------------	----------------------------------------------	------------------------------------------------

Seeking Employment

Status Unknown

Unavailable for Employment

**Financial Assistance Hide/Show**

**Financial Assistance** A student may use more than one. All boxes must be filled in. If none, place a 0 (zero)

**TAP** New York Tuition Assistance Program

Full Time

Part Time

Total

**Direct Plus Loans Made to Parents of Dependant Studnets**

Full Time

Part Time

Total

**Federal PELL Grant** Basic Education Opportunity Grant

Full Time

Part Time

Total

**Federal Title IV** Federal Title IV Loans borrowed by student.

Full Time

Part Time

Total

**Adult Career and Continuing Ed. Services-Voc Rehab** ACCES-VR

Full Time

Part Time

Total

**Income Sharing Agreement or Deferred Tuition Agreement**

Full Time

Part Time

Total

**Worforce Innovation and Opportunity Act (WIOA)**

Full Time

Part Time

Total

**Veterans Benefits** Federal Veterans Benefits in any form or program

Full Time

Part Time

Total

**Private Student Loans** Private Student Loans obtained by the student

Full Time

Part Time

Total

**School Issued Credit** School Credit

Full Time

Part Time

Total

**Employer Sponsorsip through a Home Care Agency**

Full Time

Part Time

Total

**Other** Federal or State Subsidies

Full Time

Part Time

Total

**Any other Credit Extended by or on behalf of the Institution that the student is obligated to repay**

Full Time

Part Time

Total

**Self Funded** Student paid out of pocket or did not use any of the above methods

Full Time

Part Time

Total

**Education Opportunity Grant**

Full Time

Part Time

Total

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