## **BPPE** Annual Report for 2013 - Institution

<ol> <li>Report for Year: 2013</li> <li>Institution Name: American Medical Careers</li> <li>Institution Code (Enter institutional code (main location)): 41424440</li> <li>Street Address (Physical Location): 3333 Wilshire Blvd, Suite 208</li> <li>City: California</li> </ol>
7. Zip Code: 90010
8. Number of Branch Locations: 1
9. Number of Satellite Locations: 0    ▼
10. Is this institution current with all assessments to the Student Tuition Recovery Fund?  Yes No
11. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Select from the drop down box, and refer to the online instructions for selecting more than one accrediting agency. Include only full institutional approval, not programmatic approval.  Yes  No
*If you answered yes to the question above, please identify the accrediting agency. Please note that you can select more than one agency -in order to accomplish this make sure that you do the following: FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key at the same time.  FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key at the same time.
Accreditation Commission for Acupuncture and Oriental Medicine
12. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:
<ul> <li>13. Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.</li> <li>Yes</li> <li>No</li> </ul>
<ul><li>14. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?</li><li>Yes No</li></ul>
15. Does your institution participate in veteran's financial aid education programs?  Yes No

Yes No
<ul><li>17. Is your institution on the California's Eligible Training Provider List (ETPL)?</li><li>Yes No</li></ul>
18. Is your institution receiving funds from the Work Investment Act (WIA) Program?  Yes No
<ul> <li>19. Does your Institution participate in, or offer any additional financial aid program? If yes, please provide the name of the financial aid program</li> <li>Yes</li> <li>No</li> </ul>
20. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent
three-year cohort default rate reported to the U.S. Department of Education for this institution:
21. The percentage of the students who attended this institution in 2013 who received federal student loans to
help pay their cost of education at the school was:
22. Number of Doctorate Degrees Offered: *Select*
23. Number of Students enrolled in Doctorate level programs at this Institution:
24. Number of Master Degrees Offered:   *Select*   ▼
25. Number of Students enrolled in Master level programs at this institution:
26. Number of Bachelor Degrees Offered:   *Select*   ▼
27. Number of Students enrolled in Bachelor level programs at this institution:
28. Number of Associate Degrees Offered: *Select*   *Select*
29. Number of Students enrolled in Associate level programs at this institution:
<ul> <li>30. Number of Diploma or Certificate Programs Offered:</li> <li>31. Number of Students enrolled in Diploma or Certificate programs at this institution:</li> </ul>