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**BPPE Annual Report for 2016 - Institution**

**Tracking Number:** 20171201105900

**Report for Year:** 2016

**Institution Name:** American Medical Careers

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 41424440

**Street Address (Physical Location):** 3333 Wilshire Blvd, Suite 208

**City:** Los Angeles

**State:** California

**Zip Code:** 90010

**Check all that apply to this institution:**

**For profit institution:** For profit institution

**Sole Proprietor:** -

**Corporation:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**Is this institution current on Annual Fees?: yes**

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval: no**

**If you answered yes to the question above, please identify the accrediting agency:**

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

**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.: no**

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?: no**

**What is the total amount of Title IV funds received by your institution in 2016?:**

**Does your institution participate in veteran's financial aid education programs?: no**

**What is the total amount of veteran's financial aid funds received by your institution in 2016?:**

**Does your institution participate in the Cal Grant program?: no**

**What is the total amount of Cal Grant funds received by your institution in 2015?:**

**Is your institution on the California Eligible Training Provider List (ETPL)?: yes**

**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 2016?: \$63,300**

**Does your institution participate in, or offer any another government or non-governmental financial aid programs? no**

**If yes, please indicate the name of the financial aid program:**

**The percentage of institutional income in 2016 that was derived from public funding: 22%**

**Enter the most recent three-year Cohort Default Rate reported by the US Department of Education, for this institution:**

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was: 0**

**Total number of students enrolled at this institution: 228**

**Number of Doctorate Degrees programs Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees programs Offered: 0**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees programs Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees programs Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 5**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 228**

**Institution's website:** <http://americanmedicalcareers.org/>

**Performance Fact Sheet:** <http://americanmedicalcareers.org/approvals.php>

**2016 Catalog:**

[http://americanmedicalcareers.org/documents/American\\_Medical\\_Careers\\_Catalog\\_2017.pdf](http://americanmedicalcareers.org/documents/American_Medical_Careers_Catalog_2017.pdf)

**Annual Report:** <http://americanmedicalcareers.org/approvals.php>



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**BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201110438

**Report for Year:** 2016

**Institution Name:** American Medical Careers

**Institution Code:** 41424440

**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT  
THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Acute Care Nurse

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

0

**Freelance/self-employed: 0**

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

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

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

**Name of Exam: N/A**

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

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

**Passage Rate: 0**

**Is this data from the State licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field: N/a**

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

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

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

**Passage Rate: 0**

**Is this data from the licensing agency that administered the State exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**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  
\$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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**BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201110656

**Report for Year:** 2016

**Institution Name:** American Medical Careers

**Institution Code:** 41424440

**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT  
THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Healthcare  
Specialist

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0



**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

**PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

0

**Freelance/self-employed: 0**

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

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

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

**Name of Exam: N/A**

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

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

**Passage Rate: 0**

Is this data from the State licensing agency that administered the exam?: no

Name of Agency:

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

Second Data Year 2015:

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

Name of State Exam: N/A

Number of Graduates Taking State Exam: 0

Number Who Passed the State Exam: 0

Number Who Failed the State Exam: 0

Passage Rate: 0

Is this data from the licensing agency that administered the State exam?: no

Name of Agency:

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

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

Provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

#### **SALARY DATA**

Graduates Available for Employment: 0

Graduates Employed in the Field: 0

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
- \$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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**BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201115126

**Report for Year:** 2016

**Institution Name:** American Medical Careers

**Institution Code:** 41424440

**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT  
THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Restorative Nurse  
Aide

**Number of Degrees or Diplomas Awarded:** 14

**Total Charges for this program (Report whole dollars only):** \$ 180

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 14

**Students Available for Graduation:** 14

**On-time Graduates: 0**

**Completion Rate: 100**

**150% Completion Rate: 100**

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

**no**

**PLACEMENT**

**Graduates Available for Employment: 14**

**Graduates Employed in the Field: 4**

**Placement Rate: 29**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 4**

**Indicate the number of graduates employed:**

**Single position in field: 4**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**0**

**Freelance/self-employed: 0**

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

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

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

**Name of Exam: N/A**

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

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

**Passage Rate: 0**

Is this data from the State licensing agency that administered the exam?: no

Name of Agency:

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

Second Data Year 2015:

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

Name of State Exam: N/A

Number of Graduates Taking State Exam: 0

Number Who Passed the State Exam: 0

Number Who Failed the State Exam: 0

Passage Rate: 0

Is this data from the licensing agency that administered the State exam?: no

Name of Agency:

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

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

Provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

#### **SALARY DATA**

Graduates Available for Employment: 14

Graduates Employed in the Field: 4

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: 4  
\$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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**BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201120020

**Report for Year:** 2016

**Institution Name:** American Medical Careers

**Institution Code:** 41424440

**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT  
THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Home Health  
Aide

**Number of Degrees or Diplomas Awarded:** 6

**Total Charges for this program (Report whole dollars only):** \$ 400

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 6

**Students Available for Graduation:** 6



**On-time Graduates: 6**

**Completion Rate: 100**

**150% Completion Rate: 100**

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

no

**PLACEMENT**

**Graduates Available for Employment: 6**

**Graduates Employed in the Field: 2**

**Placement Rate: 33**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 2**

**Indicate the number of graduates employed:**

**Single position in field: 2**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

0

**Freelance/self-employed: 0**

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

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: California Department of Public Health**

**Name of Exam: N/A**

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

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

**Passage Rate: 0**

**Is this data from the State licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

Students are not required to take a state exam for this certification. Student must possess a Nurse Assistant certification to take this program.

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** California Department of Public Health

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

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** 0

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

**Passage Rate:** 0

**Is this data from the licensing agency that administered the State exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

Students are not required to take a state exam for this certification. Student must possess a Nurse Assistant certification to take this program.

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 6

**Graduates Employed in the Field:** 2

**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: 2**

**\$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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**BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201123552

**Report for Year:** 2016

**Institution Name:** American Medical Careers

**Institution Code:** 41424440

**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT  
THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Nurse Assistant

**Number of Degrees or Diplomas Awarded:** 180

**Total Charges for this program (Report whole dollars only):** \$ 2200

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 208

**Students Available for Graduation:** 180

On-time Graduates: 180

Completion Rate: 87

150% Completion Rate: 180

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

no

#### PLACEMENT

Graduates Available for Employment: 180

Graduates Employed in the Field: 113

Placement Rate: 63

Graduates employed in the field 20 to 29 hours per week: 0

Graduates employed in the field at least 30 hours per week: 63

Indicate the number of graduates employed:

Single position in field: 63

Concurrent aggregated positions in field (2 or more positions at the same time):

0

Freelance/self-employed: 0

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

#### EXAM PASSAGE RATE

Does this educational program lead to an occupation that requires State licensing?: yes

If Yes, please provide the information below (For each of the last two years):

First Data Year 2016:

Name of the State licensing entity that licenses this field: California Department of Public Health

Name of Exam: Nurse Assistant Certification

Number of Graduates Taking State Exam: 180

Number Who Passed the State Exam: 158

Number Who Failed the State Exam: 22

Passage Rate: 88

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**Is this data from the State licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

AMC contacts students after state examination to see if they passed exam. Also, AMC checks California Department of Health website for certification status.

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** California Department of Public Health

**Name of State Exam:** Nurse Assistant Certification

**Number of Graduates Taking State Exam:** 193

**Number Who Passed the State Exam:** 180

**Number Who Failed the State Exam:** 13

**Passage Rate:** 92

**Is this data from the licensing agency that administered the State exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

AMC contacts students after state examination to see if they passed exam. Also, AMC checks California Department of Health website for certification status.

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 180

**Graduates Employed in the Field:** 113

**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: 113**  
**\$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**