



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

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### **BPPE Annual Report for 2015 - Institution**

**Tracking Number:** 2016112860224

**Report for Year:** 2015

**Institution Name:** American Medical Sciences Center

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):**  
1929331

**Street Address (Physical Location):** 225 West Broadway Glendale CA suite 115

**City:** Glendale

**State:** California

**Zip Code:** 91204

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

**For profit institution:** For profit institution

**Sole Proprietor:**

**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:** yes

**If you answered yes to the question above, please identify the accrediting agency:** Accrediting Bureau of Health Education Schools

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** no

**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?:** yes

**What is the total amount of Title IV funds received by your institution in 2015?:** 1094310

**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 2015?:**

**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)?:** no

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** no

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

**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 2015 that was derived from public funding: 86**

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: 14**

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was: 86**

**Total number of students enrolled at this institution: 166**

**Number of Doctorate Degrees Offered: 0**

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

**Number of Master Degrees Offered: 0**

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

**Number of Bachelor Degrees Offered: 0**

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

**Number of Associate Degrees Offered: 1**

**Number of Students enrolled in Associate level programs at this institution: 10**

**Number of Diploma or Certificate Programs Offered: 3**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 117**

**Institution's website: [www.amsc.edu](http://www.amsc.edu)**

**Performance Fact Sheet: <http://amsc.edu/downloads/Performance%20Fact%20Sheet%20-%20VN%202014.pdf>**

**2015 Catalog: [http://amsc.edu/downloads/AMSC\\_Catalog.pdf](http://amsc.edu/downloads/AMSC_Catalog.pdf)**

**Annual Report: [www.amsc.edu](http://www.amsc.edu)**



Department of Consumer Affairs

## **BPPPE Bureau for Private Postsecondary Education**

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### **BPPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2016112841232

**Report for Year:** 2015

**Institution Code:** 1929331

#### **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.):** Echovascular Technology

**Number of Degrees or Diplomas Awarded:** 22

**Total Charges for this program (Report whole dollars only):** \$ 1055000

**Number of Students Who Began the Program:** 26

**Students Available for Graduation:** 26

**On-time Graduates:** 22

**Completion Rate: 85****150% Completion Rate: 0**

Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:  
Yes

**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:****Concurrent aggregated positions in field (2 or more positions at the same time):****Freelance/self-employed:****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**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 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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**BPE Annual Report for 2015 – Programs**

**Tracking Number:** 2016112840308

**Report for Year:** 2015

**Institution Code:** 1929331

**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.):** Diagnostic Medical Sonography

**Number of Degrees or Diplomas Awarded:** 31

**Total Charges for this program (Report whole dollars only):** \$ 2957500

**Number of Students Who Began the Program:** 42

**Students Available for Graduation:** 42

**On-time Graduates:** 5

**Completion Rate: 12**

**150% Completion Rate: 90**

Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:  
yes

#### **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:**

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

**Freelance/self-employed:**

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

#### **EXAM PASSAGE RATE**

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

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

**First Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**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 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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**BPPPE Annual Report for 2015 -- Programs**

Tracking Number: 2016112851307

Report for Year: 2015

Institution Code: 1929331

**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.): Vocational Nursing

Number of Degrees or Diplomas Awarded: 6

Total Charges for this program (Report whole dollars only): \$ 27500

Number of Students Who Began the Program: 7

Students Available for Graduation: 7

On-time Graduates: 6

**Completion Rate: 86**

**150% Completion Rate: 0**

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**  
yes

**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:**

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

**Freelance/self-employed:**

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

**EXAM PASSAGE RATE**

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

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

**First Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: BVNPT**

**Name of Exam: NCLEX**

**Number of Graduates Taking Exam: 4**

**Number Who Passed the Exam: 3**

**Number Who Failed the Exam: 1**

**Passage Rate: 75**

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

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:  
Contacted graduating students to obtain the information.**

**Second Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: BVNPT**

**Name of Exam: NCLEX**

**Number of Graduates Taking Exam: 2**

**Number Who Passed the Exam: 1**

**Number Who Failed the Exam: 1**

**Passage Rate: 50**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:  
Spoke on the phone to Students who attempted to take the exam.**

**Do graduates have the option or requirement for more than one type of licensing 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