



Institution Information Confirmation Document

Institution Code: 1924331

Institution Name: Allied Medical & Health Svs., Inc.

All approved institutions are required to post the most current Annual Report submission, conspicuously on the homepage of their website. The Annual Report will be available on the Bureau’s website 48 hours after Bureau staff has completed and finalized the review of your submission. You may access your complete Annual Report document on the Bureau’s website at https://www.bppe.ca.gov/webapps/summary_2018.php. Once Bureau staff alert you that your entire submission is complete, you may either, 1. Copy the link associated with your institution’s Annual Report and paste the link to your institution’s website. OR 2. You may select your Annual Report by clicking “Annual Report” copy and paste the Annual Report document to your institution’s website.

Because reviewing each institution’s submission is a timely process, the Bureau recommends that you compile all the confirmation documents into one file, in the following order, and save as verification of your submission, until it is available on the Bureau’s website:

Compile and merge all of the confirmation documents into one PDF file, in the following order:

1. One (1) 2018 Annual Report Institution Data Confirmation Document (sent when the Institution Data workflow is complete.)
2. All 2018 Annual Report Program Data Confirmation Documents (sent when each of the Program Data workflow is complete.)
3. All 2018 Annual Report Branch Location Data Confirmation Documents (sent when each of the Branch Data workflow is complete.)
4. All 2018 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Institution Data submitted:

Institution Data Tab:

1. Report Year: 2018
2. Institution Code: 1924331
3. Institution Name: Allied Medical & Health Svs., Inc.
4. Street Address? 730 S Central Ave., Suite 208
5. City? Glendale
6. State? CA
7. Zip Code? 91204
8. Check all that apply to this institution: For profit institution, Corporation
9. Number of Branch Locations? 0
10. Number of Satellite Locations? 0

Fees/Accreditation Tab:

11. (a) Is this institution current with all assessments to the Student Tuition Recovery Fund? Yes
11. (b) 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? No

Accrediting Agency(ies):

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation. n/a
14. Has any accreditation agency taken any final disciplinary action against this institution? No

Financial Tab:

15. 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 this Reporting Year?

16. Does your institution participate in veterans' financial aid education programs? No

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

17. Does your institution participate in the Cal Grant program? No

What is the total amount of Cal Grant funds received by your institution in this Reporting Year?

18. Is your institution on the California's Eligible Training Provider List (ETPL)? No

19. Is your institution receiving funds from the Workforce Innovation and Opportunity Act (WIOA) Program? No

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

20. Does your Institution participate in, or offer any other government or non-governmental financial aid programs? No

If yes, please provide the name of the financial aid program.

21. The percentage of institutional income in 2017 that was derived from public funding. 0

22. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. 0

23. 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. 0

Offerings Tab:

24. Total number of students enrolled at this institution? 87

25. Number of Doctorate Degree Programs Offered? 0

26. Number of Students enrolled in Doctorate programs at this institution? 0

27. Number of Master Degree Programs Offered? 0

28. Number of Students enrolled in Master programs at this institution? 0

29. Number of Bachelor Degree Programs Offered? 0

30. Number of Students enrolled in Bachelor programs at this institution? 0

31. Number of Associate Degree Programs Offered? 0

32. Number of Students enrolled in associate programs at this institution? 0

33. Number of Diploma or Certificate Programs Offered? 3

34. Number of Students enrolled in diploma or certificate programs at this institution? 87

Website/Uploads Tab:

Institution Website: <https://www.amhsinc.com/>

35. School Performance Fact Sheet Upload: AMHS-2018_SPFS.pdf

36. Catalog Upload: AMHS_School_Catalog_Rev.11.01.19.pdf

37. Enrollment Agreement Upload: AMHS-School-EA.pdf



Program Information Confirmation Document

Institution Code: 1924331

Institution Name: Allied Medical & Health Svcs., Inc.

Program: Nursing Assistant

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4. All 2018 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Program Data submitted:

Program Data Tab:

1. Report Year: 2018 2. Institution Code: 1924331

3. Institution Name: Allied Medical & Health Svcs., Inc.

Program Name Tab:

4. Program Name: Nursing Assistant

5. Degree/Program Level: Diploma/Certificate 5a. Degree/Program Level Other:

6. Degree/Program Title: Diploma/Certificate 6a. Degree/Program Title Other:

Financial and Graduation Tab:

7. Number of Degrees or Diplomas Awarded? 40	8. Total Charges for this Program? \$1,200.00	9. The p pay for t
10. The percentage of graduates in 2017 who took out federal student loans to pay for this program. 0	11. Number of Students Who Began the Program? 48	12. Stud
13. On-time Graduates? 22	14. Completion Rate? 45.83333	15. 150%

16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? No

Placement Data Tab:

CEC § 94929.5 requires institutions to report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

17. Graduates Available for Employment? 26	18 Graduates Employed in the Field? 14
20. Graduates Employed in the field...	
20a. 20 to 29 hours per week? 4	20b. At least 30 hours per week? 10
21. Indicate the number of graduates employed...	
21a. In a single position in the field of study: 14	21b. Concurrent aggregated positions in the field of study: 0
21c. Freelance/self-employed: 0	21d. By the institution or an employer owned by the institution, or an employer

Exam Passage Rate Tab:

5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

22. Does this educational program lead to an occupation that requires State licensing? Yes

22a. Do graduates have the option or requirement for more than one type of State licensing exam? No

Option/Requirement #1:

Option/Requirement #2:

Option/Requirement #3:

Option/Requirement #4:

Exam Passage Rate - Year 1 Tab:

23. Name of the State licensing entity that licenses the field: Yes

24. Name of Exam? Certification in Nursing Assistant

25. Number of Graduates Taking State Exam? 22	26. Number Who Passed the State Exam? 18	27. Number Who
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29. Is This Data from the State Licensing Agency that Administered the Exam? No 29a. Name of Agency:

30. If the response to #29 is "No", provide a description of the process used for Attempting to Contact Students. School contacted students by means of phone calls and emails.

Exam Passage Rate - Year 2 Tab:

31. Name of the State licensing entity that licenses the field: For 2018 Data- California Department of Public Health

32. Name of Exam? Certification in Nursing Assistant

33. Number of Graduates Taking State Exam? 19	34. Number Who Passed the State Exam? 13	35. Number Who
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37. Is This Data from the State Licensing Agency that Administered the Exam? No 37a. Name of Agency:

38. If the response to #37 is "No", provide a description of the process used for Attempting to Contact Students. School contacted students by means of phone calls and emails.

Salary Data Tab:

CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of \$5,000.00 for graduates employed in the field of study.

39. Graduates Available for Employment? 26 40. Graduates Employed in the Field of Study? 14

41. Graduates Employed in the Field of Study reported receiving the following salary or wage:

\$0 - \$5,000: 0	\$5,001 - \$10,000: 0	\$10,001 - \$15,000: 0
\$20,001 - \$25,000: 9	\$25,001 - \$30,000: 0	\$30,001 - \$35,000: 0
\$40,001 - \$45,000: 0	\$45,001 - \$50,000: 0	\$50,001 - \$55,000: 0
\$60,001 - \$65,000: 0	\$65,001 - \$70,000: 0	\$70,001 - \$75,000: 0
\$80,001 - \$85,000: 0	\$85,001 - \$90,000: 0	\$90,001 - \$95,000: 0
Over \$100,001: 0		



Program Information Confirmation Document

Institution Code: 1924331

Institution Name: Allied Medical & Health Svs., Inc.

Program: Phlebotomy Technician 1

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Program Data submitted:

Program Data Tab:

1. Report Year: 2018 2. Institution Code: 1924331

3. Institution Name: Allied Medical & Health Svs., Inc.

Program Name Tab:

4. Program Name: Phlebotomy Technician 1

5. Degree/Program Level: Diploma/Certificate 5a. Degree/Program Level Other:

6. Degree/Program Title: Diploma/Certificate 6a. Degree/Program Title Other:

Financial and Graduation Tab:

7. Number of Degrees or Diplomas Awarded? 12	8. Total Charges for this Program? \$1,500.00	9. The p pay for t
10. The percentage of graduates in 2017 who took out federal student loans to pay for this program. 0	11. Number of Students Who Began the Program? 21	12. Stud
13. On-time Graduates? 5	14. Completion Rate? 23.80952	15. 150%

16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? No

Placement Data Tab:

CEC § 94929.5 requires institutions to report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

17. Graduates Available for Employment? 12	18 Graduates Employed in the Field? 2
20. Graduates Employed in the field...	
20a. 20 to 29 hours per week? 0	20b. At least 30 hours per week? 2
21. Indicate the number of graduates employed...	
21a. In a single position in the field of study: 2	21b. Concurrent aggregated positions in the field of study: 0
21c. Freelance/self-employed: 0	21d. By the institution or an employer owned by the institution, or an employer

Exam Passage Rate Tab:

5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

22. Does this educational program lead to an occupation that requires State licensing? Yes

22a. Do graduates have the option or requirement for more than one type of State licensing exam? No

Option/Requirement #1:

Option/Requirement #2:

Option/Requirement #3:

Option/Requirement #4:

Exam Passage Rate - Year 1 Tab:

23. Name of the State licensing entity that licenses the field: Yes

24. Name of Exam? CERTIFICATION FOR PHLEBOTOMY TECHNICIAN

25. Number of Graduates Taking State Exam? 10	26. Number Who Passed the State Exam? 10	27. Number
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29. Is This Data from the State Licensing Agency that Administered the Exam? No 29a. Name of Agency:

30. If the response to #29 is "No", provide a description of the process used for Attempting to Contact Students. School contacted students by means of phone calls and emails.

Exam Passage Rate - Year 2 Tab:

31. Name of the State licensing entity that licenses the field: For 2018- NATIONAL HEALTHCAREER ASSOCIATION (NHA)

32. Name of Exam? CERTIFICATION FOR PHLEBOTOMY TECHNICIAN

33. Number of Graduates Taking State Exam? 7	34. Number Who Passed the State Exam? 7	35. Number
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37. Is This Data from the State Licensing Agency that Administered the Exam? No 37a. Name of Agency:

38. If the response to #37 is "No", provide a description of the process used for Attempting to Contact Students. School contacted students by means of phone calls and emails.

Salary Data Tab:

CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of \$5,000.00 for graduates employed in the field of study.

39. Graduates Available for Employment? 12 40. Graduates Employed in the Field of Study? 2

41. Graduates Employed in the Field of Study reported receiving the following salary or wage:

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



Program Information Confirmation Document

Institution Code: 1924331

Institution Name: Allied Medical & Health Svcs., Inc.

Program: Vocational Nursing

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Program Data submitted:

Program Data Tab:

1. Report Year: 2018 2. Institution Code: 1924331

3. Institution Name: Allied Medical & Health Svcs., Inc.

Program Name Tab:

4. Program Name: Vocational Nursing

5. Degree/Program Level: Diploma/Certificate 5a. Degree/Program Level Other:

6. Degree/Program Title: Diploma/Certificate 6a. Degree/Program Title Other:

Financial and Graduation Tab:

7. Number of Degrees or Diplomas Awarded? 5	8. Total Charges for this Program? \$17,500.00	9. The p pay for t
10. The percentage of graduates in 2017 who took out federal student loans to pay for this program. 0	11. Number of Students Who Began the Program? 18	12. Stud
13. On-time Graduates? 0	14. Completion Rate? 0	15. 150%

16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? No

Placement Data Tab:

CEC § 94929.5 requires institutions to report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

17. Graduates Available for Employment? 5	18 Graduates Employed in the Field? 4
20. Graduates Employed in the field...	
20a. 20 to 29 hours per week? 1	20b. At least 30 hours per week? 3
21. Indicate the number of graduates employed...	
21a. In a single position in the field of study: 4	21b. Concurrent aggregated positions in the field of study: 0
21c. Freelance/self-employed: 0	21d. By the institution or an employer owned by the institution, or an employer

Exam Passage Rate Tab:

5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

22. Does this educational program lead to an occupation that requires State licensing? Yes

22a. Do graduates have the option or requirement for more than one type of State licensing exam? No

Option/Requirement #1:

Option/Requirement #2:

Option/Requirement #3:

Option/Requirement #4:

Exam Passage Rate - Year 1 Tab:

23. Name of the State licensing entity that licenses the field: Yes

24. Name of Exam? NCLEX-PN

25. Number of Graduates Taking State Exam? 5	26. Number Who Passed the State Exam? 5	27. Number Who Failed the State Exam? 5
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29. Is This Data from the State Licensing Agency that Administered the Exam? No 29a. Name of Agency:

30. If the response to #29 is "No", provide a description of the process used for Attempting to Contact Students. School contacted students by means of phone calls and emails.

Exam Passage Rate - Year 2 Tab:

31. Name of the State licensing entity that licenses the field: For 2018- BUREAU OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIAN (BVNPT)

32. Name of Exam? NCLEX-PN

33. Number of Graduates Taking State Exam? 5	34. Number Who Passed the State Exam? 5	35. Number Who Failed the State Exam? 5
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37. Is This Data from the State Licensing Agency that Administered the Exam? No 37a. Name of Agency:

38. If the response to #37 is "No", provide a description of the process used for Attempting to Contact Students. School contacted students by means of phone calls and emails.

Salary Data Tab:

CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of \$5,000.00 for graduates employed in the field of study.

39. Graduates Available for Employment? 5 40. Graduates Employed in the Field of Study? 4

41. Graduates Employed in the Field of Study reported receiving the following salary or wage:

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