

Alhambra Medical University - 2020 Annual Report Summary

Institution Data:

1. **Report Year:** 2020
2. **Institution Code:** 21939757
3. **Institution Name:** Alhambra Medical University
4. **Street Address (Physical Location):** 2215 West Mission Road
5. **City:** Alhambra
6. **State:** CA
7. **Zip Code:** 91803
8. **Form of business organization of this institution:** Partnership
9. **Number of Branch Locations:** 0
10. **Number of Satellite Locations:** 1
- 11a. **Is this institution current with all assessments to the Student Tuition Recovery Fund?** Yes
- 11b. **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?** Yes
 - 12a. **Accrediting Agency (more than one agency may be selected):** Accreditation Commission for Acupuncture and Oriental Medicine
13. **If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor?** N/A
14. **Has any accreditation agency taken any final disciplinary action against this institution in the reporting year?** No
15. **Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants)** Yes
 - 15a. **What is the total amount of Title IV funds received by your institution in this Reporting Year?** \$221,756.00

- 16. Does your institution participate in veterans' financial aid education programs? No
- 17. Does your institution participate in the Cal Grant program? No
- 18. Is your institution on California's Eligible Training Provider List (ETPL)? No
- 19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? No
- 20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) No
- 21. Provide the percentage of institutional income during this Reporting Year that was derived from public funding: 0
- 22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans): No
- 23. The percentage of institutional income in the reporting year that was derived from any non-government financial aid: 0
- 24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable: 0
- 25. Provide 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: 16
- 27. Total number of students currently enrolled at this institution. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students who cancelled during the cancellation period) January 1st through December 31st: 207
- 28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students): 1
- 29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period: 24
- 30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students): 1
- 31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period: 185
- 32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students): 0
- 33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period: 0
- 34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) : 0
- 35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period: 0

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students): 0

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period: 0

Institution's Website: www.amu.edu

[School Performance Fact Sheet](#)

[Catalog](#)

Program Data:

1. Report Year: 2020

2. Institution Code: 21939757

3. Institution Name: Alhambra Medical University

4. Name of Program: Masters of Science in Traditional Asian Medicine

5. Program Level: Master

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program: Acupuncture.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program: N/A

8. Number of Degrees, Diplomas or Certificates Awarded: 1

9. Total Charges for this Program: \$47,710.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program: 16

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program: 27

12. Number of Students Who Began the Program: 43

13. Number of Students Available for Graduation: 43

14. Number of On-time Graduates: 15

15. Completion Rate: 34.88

16. 150% Graduates?: N/A

17. 150% Completion Rate: N/A

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

19. Graduates Available for Employment: 11

20. Graduates Employed in the Field: 10

21. Placement Rate: 90.91

22. Graduates employed in the field

22a. 20 to 29 hours per week: 5

22b. at least 30 hours per week: 2

23. Indicate the number of graduates employed

23a. In a single position in the field of study: 8

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time): 2

23c. Freelance/self-employed: 3

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: 1

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?: No

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

26a. Do graduates have the option or requirement for more than one type of licensing State exam? Yes

Name of Option/Requirement (1): California Acupuncture Licensing Exam

Name of Option/Requirement (2): NCCAOM

Name of Option/Requirement (3): N/A

Name of Option/Requirement (4): N/A

Exam Passage Rate Data - 2020

27. Name of the State licensing entity that licenses this field: California

28. Name of State Exam: CALE

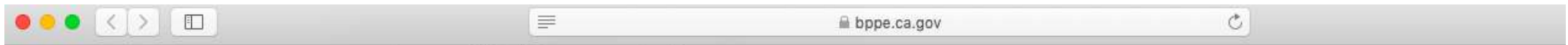
29. Number of Graduates Taking State Exam: 11

30. Number Who Passed the State Exam: 9

31. Number Who Failed the State Exam: 2

32. Passage Rate: 81.82

33. Is this data from the State licensing agency that administered the exam?: Yes



33a. Name of Agency: California Acupuncture Board

34. Provide a description of the process used for Attempting to Contact Students: N/A

Exam Passage Rate Data - 2018

35. Name of the State licensing entity that licenses this field: California Acupuncture Board

36. Name of State Exam: CALE

37. Number of Graduates Taking State Exam: 10

38. Number Who Passed the State Exam: 9

39. Number Who Failed the State Exam: 1

40. Passage Rate: 90

41. Is this data from the State licensing agency that administered the exam?: Yes

41a. Name of Agency: California Acupuncture Board

42. Provide a description of the process used for Attempting to Contact Students: N/A

43. Graduates Available for Employment: 11

44. Graduates Employed in the Field: 10

45. 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: 2

\$15,001 - \$20,000: 1

\$20,001 - \$25,000: 1

\$25,001 - \$30,000: 0

\$30,001 - \$35,000: 0

\$35,001 - \$40,000: 0

\$40,001 - \$45,000: 2

\$45,001 - \$50,000: 2

\$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

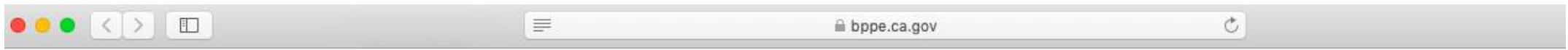
\$90,001 - \$95,000: 0

\$95,001 - \$100,000: 1

Over \$100,000: 0



1. **Report Year:** 2020
2. **Institution Code:** 21939757
3. **Institution Name:** Alhambra Medical University
4. **Name of Program:** Doctorate in Acupuncture and Integrative Medicine
5. **Program Level:** Doctorate
6. **Select the Classification of Instructional Programs (CIP) Code that applies to this educational program:** Acupuncture.
7. **Select all Standard Occupational Classification (SOC) Codes that apply to this program:** N/A
8. **Number of Degrees, Diplomas or Certificates Awarded:** 1
9. **Total Charges for this Program:** \$10,000.00
10. **The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program:** 0
11. **The percentage of graduates in the reporting year who took out federal student loans to pay for this program:** 0
12. **Number of Students Who Began the Program:** 24
13. **Number of Students Available for Graduation:** 24
14. **Number of On-time Graduates:** 22
15. **Completion Rate:** 91.67
16. **150% Graduates?:** N/A
17. **150% Completion Rate:** N/A
18. **Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:** No
19. **Graduates Available for Employment:** 22
20. **Graduates Employed in the Field:** 19
21. **Placement Rate:** 86.36
22. **Graduates employed in the field**
 - 22a. **20 to 29 hours per week:** 6
 - 22b. **at least 30 hours per week:** 13



23. Indicate the number of graduates employed

23a. In a single position in the field of study: 16

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time): 3

23c. Freelance/self-employed: 11

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: 8

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?: No

26. Does this educational program lead to an occupation that requires State licensing? No

43. Graduates Available for Employment: 22

44. Graduates Employed in the Field: 19

45. 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: 3
\$35,001 - \$40,000: 1
\$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: 3
\$70,001 - \$75,000: 0
\$75,001 - \$80,000: 1
\$80,001 - \$85,000: 0
\$85,001 - \$90,000: 0
\$90,001 - \$95,000: 0
\$95,001 - \$100,000: 0
Over \$100,000: 6

Branch Data:

No Branch Data was inputted by this Institution.

Satellite Data:

- 1. Report Year:** 2020
- 2. Institution Code:** 21939757
- 3. School Code:** 55833540
- 4. Institution Name:** Alhambra Medical University
- 5. Street Address (Physical Location):** 28 South Palm Ave.
- 6. City:** Alhambra
- 7. State:** CA
- 8. Zip Code:** 91801