



Institution Information Confirmation Document

Institution Code: 1924301

Institution Name: American University of Health Sciences

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://bppe.ca.gov/webapplications/annualReports/2024/summary>. 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) 2024 Annual Report Institution Data Confirmation Document (sent when the Institution Data workflow is complete.)
2. All 2024 Annual Report Program Data Confirmation Documents (sent when each of the Program Data workflow is complete.)
3. All 2024 Annual Report Branch Location Data Confirmation Documents (sent when each of the Branch Data workflow is complete.)
4. All 2024 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: 2024 2. Institution Code: 1924301
3. Institution Name: American University of Health Sciences
4. Street Address? 1600 East Hill St. 5. City: Signal Hill 6. State: CA 7. Zip Code: 90755
8. Institution Type: For profit 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? Yes

Accrediting Agency(ies): Transnational Association of Christian Colleges and Schools, WASC Senior College and University Commission

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation. Accreditation Council for Pharmacy Education (ACPE), Commission on Collegiate Nursing Education (CCNE)

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? Yes

What is the total amount of Title IV funds received by your institution in this Reporting Year? \$9,625,942.00

16. Does your institution participate in veterans' financial aid education programs? Yes

What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year? \$232,556.00

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

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) :
Yes

If yes, please provide the name of the financial aid program. Post 9/11,Voc Rehab.,Dept. Rehab, NurseCorp.

What is the total amount of any other state or federal funds received by your institution in the reporting year? \$42,304.00

21. The percentage of institutional income that was derived from public funding. 65

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) : Yes

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below. : SALLIE MAE, COLLEGEAVE

23. The percentage of institutional income in the reporting year derived from any non-government financial aid. : 18.7

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. : 77

26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution. : \$43,368.00

Offerings Tab:

27. Total number of students enrolled at this institution? 673

28. Number of Doctorate Degree Programs Offered? 1

29. Number of Students enrolled in Doctorate programs at this institution? 57

30. Number of Master Degree Programs Offered? 4

31. Number of Students enrolled in Master programs at this institution? 162

32. Number of Bachelor Degree Programs Offered? 2

33. Number of Students enrolled in Bachelor programs at this institution? 449

34. Number of Associate Degree Programs Offered? 0

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

36. Number of Diploma or Certificate Programs Offered? 1

37. Number of Students enrolled in diploma or certificate programs at this institution? 5

Total Program Count: 8

Website/Uploads Tab:

Institution Website: www.auhs.edu

38. School Performance Fact Sheet Upload: SPFS 2024-112525 Final Submission.pdf

39. Catalog Upload: AUHS-Catalog-2024-2025.pdf

40. Enrollment Agreement Upload: BSN ENROLLMENT AGREEMENT SAMPLE.pdf