March 13, 2015

Ms. Alicia Wilkerson
President
Arlington Medical Institute
1001 NE Green Oakes Boulevard, Suite 100
Arlington, TX 76006-2317

Certified Mail
Return Receipt Requested
7002 3150 0005 7292 6106

RE: **Final Program Review Determination**
OPE ID: 03159300
PRCN: 201330628311

Dear President Wilkerson:

The U.S. Department of Education's (Department's) Dallas School Participation Division issued a program review report on September 30, 2013 covering Arlington Medical Institute's (AMI's) administration of programs authorized by Title IV of the Higher Education Act of 1965, as amended, 20 U.S.C. §§ 1070 et seq. (Title IV, HEA programs), for the 2011-2012 and 2012-2013 award years. AMI's final response was received on November 12, 2013. A copy of the program review report (and related attachments) and AMI's response are attached. Any supporting documentation submitted with the response is being retained by the Department and is available for inspection by AMI upon request. Additionally, this Final Program Review Determination (FPRD), related attachments, and any supporting documentation may be subject to release under the Freedom of Information Act (FOIA) and can be provided to other oversight entities after this FPRD is issued.

Purpose:

Final determinations have been made concerning all of the outstanding findings of the program review report. The purpose of this letter is to: (1) identify liabilities resulting from the findings of this program review report, (2) provide instructions for payment of liabilities to the Department, and (3) notify the institution of its right to appeal and (4) notify AMI of a possible adverse action. Due to the serious nature of one or more of the enclosed findings, this FPRD is being referred to the Department's Administrative Actions and Appeals Service Group (AAASG) for its consideration of possible adverse action. Such action may include a fine, or the limitation, suspension or termination of the eligibility of the institution. Such action may also include the revocation of the institution's program participation agreement (if provisional), or, if the institution has an application pending for renewal of its certification, denial of that application. If AAASG initiates any action, a separate notification will be provided which will include information on institutional appeal rights and procedures to file an appeal.

This FPRD contains one or more findings regarding AMI's failure to comply with the requirements of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the Clery Act) in Section 485(f) of the HEA, 20 U.S.C. § 1092(f), and the Department's regulations in 34 C.F.R. §§ 668.41 and 668.46. Since a Clery Act finding does not result in a financial liability, such a finding may not be appealed.

The total liabilities due from the institution from this program review are $314.00.

This final program review determination contains detailed information about the liability determination for all findings.

Protection of Personally Identifiable Information (PII):

PII is any information about an individual which can be used to distinguish or trace an individual's identity (some examples are name, social security number, date and place of birth). The loss of PII can result in substantial harm, embarrassment, and inconvenience to individuals and may lead to identity theft or other fraudulent use of the information. To protect PII, the findings in the attached report do not contain any student PII. Instead, each finding references students only by a student number created by Federal Student Aid. The student numbers were assigned in Appendix A, Student Sample. The appendices was encrypted and sent separately to the institution via e-mail.

Appeal Procedures:

This constitutes the Department's FPRD with respect to the liabilities identified from the September 30, 2014 program review report. If AMI wishes to appeal to the Secretary for a review of financial liabilities established by the FPRD, the institution must file a written request for an administrative hearing. Please note that institutions may appeal financial liabilities only. The Department must receive the request no later than 45 days from the date AMI receives this FPRD. An original and four copies of the information AMI submits must be attached to the request. The request for an appeal must be sent to:

Director
Administrative Actions and Appeals Service Group
U.S. Department of Education
Federal Student Aid/PC
830 First Street, NE - UCP3, Room 84F2
Washington, DC 20002-8019

AMI's appeal request must:

(1) indicate the findings, issues and facts being disputed;
(2) state the institution's position, together with pertinent facts and reasons supporting its position;

(3) include all documentation it believes the Department should consider in support of the appeal. An institution may provide detailed liability information from a complete file review to appeal a projected liability amount. Any documents relative to the appeal that include PII data must be redacted except the student's name and last four digits of his / her social security number (please see the attached document, "Protection of Personally Identifiable Information," for instructions on how to mail "hard copy" records containing PII); and
(4) include a copy of the FPRD. The program review control number (PRCN) must also accompany the request for review.

If the appeal request is complete and timely, the Department will schedule an administrative hearing in accordance with § 487(b)(2) of the HEA, 20 U.S.C. § 1094(b)(2). The procedures followed with respect to AMI's appeal will be those provided in 34 C.F.R. Part 668, Subpart H. **Interest on the appealed liabilities shall continue to accrue at the applicable value of funds rate, as established by the United States Department of Treasury, or if the liabilities are for refunds, at the interest rate set forth in the loan promissory note(s). rgrtrt**

Record Retention:
Program records relating to the period covered by the program review must be retained until the later of: resolution of the loans, claims or expenditures questioned in the program review; or the end of the retention period otherwise applicable to the record under 34 C.F.R. §§ 668.24(e)(1), (e)(2), and (e)(3).

The Department expresses its appreciation for the courtesy and cooperation extended during the review. If the institution has any questions regarding this letter, please contact Michelle Allred at 214-661-9466. Questions relating to any appeal of the FPRD should be directed to the address noted in the Appeal Procedures section of this letter.

Sincerely,

(b)(6)

Cynthia Thornton, Director
Dallas School Participation Division

Enclosures: Final Program Review Determination (with attachments)
Protection of Personally Identifiable Information

cc: Cynthia Hardie, Financial Aid Administrator
Accrediting Bureau of Health Education Schools
Texas Work Force Commission

PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION

Personally Identifiable Information (PII) being submitted to the Department must be protected. PII is any information about an individual which can be used to distinguish or trace an individual's identity (some examples are name, social security number, date and place of birth).

PII being submitted electronically or on media (e.g., CD-ROM, floppy disk, DVD) must be encrypted. The data must be submitted in a .zip file encrypted with Advanced Encryption Standard (AES) encryption (256-bit is preferred). The Department uses WinZip. However, files created with other encryption software are also acceptable, provided that they are compatible with WinZip (Version 9.0) and are encrypted with AES encryption. Zipped files using WinZip must be saved as Legacy compression (Zip 2.0 compatible).

The Department must receive an access password to view the encrypted information. The password must be e-mailed separately from the encrypted data. The password must be 12 characters in length and use three of the following: upper case letter, lower case letter, number, special character. A manifest must be included with the e-mail that lists the types of files being sent (a copy of the manifest must be retained by the sender).

Hard copy files and media containing PII must be:

- sent via a shipping method that can be tracked with signature required upon delivery
- double packaged in packaging that is approved by the shipping agent (FedEx, DHL, UPS, USPS)
- labeled with both the "To" and "From" addresses on both the inner and outer packages
- identified by a manifest included in the inner package that lists the types of files in the shipment (a copy of the manifest must be retained by the sender).

PII data cannot be sent via fax.

Prepared for
Arlington Medical Institute

Federal Student Aid
An OFFICE of the U.S. DEPARTMENT of EDUCATION

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OPE ID 03159300
PRCN 201330628311

Prepared by
U.S. Department of Education
Federal Student Aid
Dallas School Participation Division

Final Program Review Determination

March 13, 2015

Table of Contents

A. Institutional Information **3**
B. Scope of Review **4**
C. Findings and Final Determinations **4**
Resolved Findings 4
Findings with Final Determinations 4
Finding 5: Incorrect Pell Grant Calculation 5
Finding 13: Drug and Alcohol Abuse Prevention Program Requirements Not Met - Multiple Violations 6
Finding 14: Crime Awareness Requirements Not Met - Failure to Publish Annual Security Reports (ASR) & Distribute in Accordance with the Clery Act 9
D. Summary of Liabilities **18**
E. Payment Instructions **19**
Liabilities Owed to the Department Less Than $1,000 19
F. Appendices **19**
Appendix A: Student Sample 20
Appendix B: Student Level Finding Data 21
Appendix C: Institution's Written Response to the PRR 22
Appendix D: Program Review Report 23

A. Institutional Information

Arlington Medical Institute
1001 NE Green Oakes Boulevard, Suite 100
Arlington, TX 76006-2317

Type: Proprietary Institution

Highest Level of Offering: Non-Degree (600-899 hours)

Accrediting Agency: Accrediting Bureau of Health Education Schools

Current Student Enrollment: 71 (2011-2012)

% of Students Receiving Title IV: 100% (2011-2012)

Title IV Participation School Funding Report: Source G5

	2011-2012
Federal Pell Grant Program (Pell Grant)	$157,056.00
William D. Ford Federal Direct Loan Program (Direct Loan)	$ 9,283.00
Federal Supplementary Educational Opportunity Grant (FSEOG)	$463,052.00

Default Rate FFEL/DL:
2010 5.8%
2009 5.6%
2008 6.5%

B. Scope of Review

The U.S. Department of Education (the Department) conducted a program review at Arlington Medical Institute (AMI) from June 17, 2013 to June 20, 2013. The review was conducted by Michelle Allred, Michael Williams, and Pamela Bailey.

The focus of the review was to determine AMI's compliance with the statutes and federal regulations as they pertain to the institution's administration of the Title IV programs. The review consisted of, but was not limited to, an examination of AMI's policies and procedures regarding institutional and student eligibility, individual student financial aid and academic files, attendance records, student account ledgers, and fiscal records.

A sample of 30 files was identified for review from the 2011-2012 and 2012-2013 (year to date) award years. The files were selected randomly from a statistical sample of the total population receiving Title IV, HEA program funds for each award year. Appendix A lists the names and social security numbers of the students whose files were examined during the program review.

Disclaimer:

Although the review was thorough, it cannot be assumed to be all-inclusive. The absence of statements in the report concerning AMI's specific practices and procedures must not be construed as acceptance, approval, or endorsement of those specific practices and procedures. Furthermore, it does not relieve AMI of its obligation to comply with all of the statutory or regulatory provisions governing the Title IV, HEA programs.

C. Findings and Final Determinations

Resolved Findings

Findings 1 – 4; 6 – 12; and 15 – 18

AMI has taken the corrective actions necessary to resolve findings 1 – 4; 6 – 12; and 15 – 18 of the program review report. Therefore, these findings may be considered closed. AMI's written response related to the resolved findings is included in Appendix C. Findings requiring further action by AMI are discussed below.

Findings with Final Determinations

The program review report findings requiring further action are summarized below. At the conclusion of each finding is a summary of AMI's response to the finding, and the Department's final determination for that finding. A copy of the program review report issued on September 30, 2013 is attached as Appendix D.

Finding 5: Incorrect Pell Grant Calculation

Citation: *Institutions are required to prorate the amount of Federal Pell Grant funds disbursed to students whose remaining period of Title IV eligibility is shorter than an academic year. The Federal Pell Grant for a payment period for a student in a clock hour program that is less than an academic year is calculated by:*

(1) Determining the student's Scheduled Federal Pell Grant using the Payment Schedule;
(2) Multiplying the amount determined by the Payment Schedule by the lesser of:
a) The number of clock hours in the payment period divided by the number of clock hours in the program's academic year; or,
b) The number of weeks of instructional time in the payment period divided by the number of weeks of instructional time in the program's academic year.

34 C.F.R. § 690.63(e)

Noncompliance: *AMI did not perform the correct Federal Pell Grant proration for students re-enrolling into the program with prior hours completed.*

Student # 4: The student reenrolled with 252 hours of the 790 hour program completed. The student did not reenroll within 180 days. Therefore the Federal Pell Grant award should have been prorated based on the reduced contracted hours of 538 hours. AMI paid the student $1,816.00 Pell Grant on 04/23/2013 and $1,816.00 on 07/12/2013. The correct Federal Pell Grant payments would be two payments of $1,659.00.

Required Action: *AMI must revise its financial aid procedures for transfer and reenrolling students to take into account previous hours and apply the correct proration for the contracted hours remaining in the program. With the institution's response to this program review report, please provide a copy of the updated procedures, outlining how the procedures have changed to ensure that required prorations are properly applied for transferring and reenrolling students.*

AMI's Response: In AMI's response submitted on November 10, 2013, the institution concurred with the finding that the institution did not perform the correct Pell Grant proration for a student re-enrolling into the program with prior hours completed. AMI provided updated procedures for transfer and reenrolling students that takes into account previous hours and applies the correct proration for the contracted hours remaining in the program. A copy of AMI's response to finding #5 is included in Appendix C.

Final Determination: AMI is liable for the $314.00 in Federal Pell Grant funds the student received in excess of his/her eligibility as a result of the improper proration. AMI must make a downward adjustment in COD of $157.00 on each of the 2011-12 Pell Grant awards for student #4, for a total of $314.00. Payment must be made via G5. Instructions for payment are included in section E of this document.

Finding 13: Drug and Alcohol Abuse Prevention Program Requirements Not Met - Multiple Violations

Citation: *The Drug-Free Schools and Communities Act (DFSCA) and Part 86 of the Department's General Administrative Regulations requires each participating institutions of higher education (IHE) to certify that it has developed and implemented a drug and alcohol abuse education and prevention program. The program must be designed to prevent the unlawful possession, use, and distribution of drugs and alcohol on campus and at recognized events and activities.*

On an annual basis, the IHE must distribute written information about its drug and alcohol abuse prevention program (DAAPP) to all students, faculty, and staff. The distribution plan must make provisions for providing the material to students who enroll at a date after the initial distribution, and for employees who are hired at different times throughout the year. The information must include:

- *A written statement about its standards of conduct that prohibits the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;*
- *A written description of legal sanctions imposed under Federal, state and local laws for unlawful possession or distribution of illicit drugs and alcohol;*
- *A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;*
- *A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students and employees; and,*
- *A statement that the IHE will impose disciplinary sanctions on students and employees for violations of the institution's codes of conduct and a description of such sanctions.*

In addition, each IHE must conduct a biennial review in order to measure the effectiveness of its drug prevention program, and to ensure consistent treatment in its enforcement of its disciplinary sanctions. The IHE must prepare a report of findings and maintain its biennial review report and supporting materials and make them available to the Department and interested parties upon request. 34 C.F.R. §§ 86.3 and 86.100.

Noncompliance: *AMI violated multiple provisions of the DFSCA. Specifically, the Institute failed to develop and implement a comprehensive drug and alcohol abuse prevention program (DAAPP) and also failed to publish a materially-complete DAAPP disclosure that summarizes this mandatory program. As a result of these compliance failures, AMI also violated the DFSCA's annual distribution requirement by failing to actively disseminate the DAAPP disclosure to all employees and every students who are enrolled for any academic credit.*

As a direct consequence of the violations described above, AMI also failed to conduct a biennial review of the effectiveness of its DAAPP and of the consistency of sanctions imposed for violations of its disciplinary standards and codes of conduct and also failed to produce a biennial review report of findings.

AMI was approved to participate in the Title IV, FSA programs on November 21, 1966. The DFSCA went into effect on Aug 16, 1990. Therefore, AMI's first biennial review was required to be conducted by the end of 1992, more than 20 years ago. The Department's review indicates that AMI has never conducted such a review. These facts summarized above require the Department to find that AMI has failed to ever develop and implement any substantive programming for the purpose of demonstrating compliance with the DFSCA.

Failure to comply with the DFSCA's DAAPP requirements deprives students and employees of important information regarding the educational, disciplinary, health, and legal consequences of illegal drug use and alcohol abuse. Failure to comply with the biennial review requirements also deprives the institution of important information about the effectiveness of its own drug and alcohol programs. Such failures may contribute to increased drug and alcohol abuse as well as an increase in drug and alcohol-related violent crime.

Required Action Summary: As a result of the above violations, AMI was required to take all necessary corrective actions to resolve these violations. At a minimum, the Institute was asked to:

- Develop and implement a comprehensive DAAPP that includes all of the required elements found in the DFSCA and the Department's Part 86 regulations and publish a materially-complete disclosure that summarizes the program;

- Develop procedures for ensuring that the annual DAAPP disclosure is distributed to every student who enrolls for any academic credit and to all employees. Then, AMI was requested to distribute the disclosure in accordance with the statute and regulations and its own policy. AMI was asked to submit a copy of its new and revised policies, a copy of its new DAAPP disclosure, and proof of distribution with its response to this program review report. The Institute was also required to submit a certification statement attesting to the fact that the DAAPP disclosure was distributed in accordance with the DFSCA. This certification statement was to also affirm that AMI understands its DFSCA obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur;

- Conduct a biennial review to assess the effectiveness of its DAAPP. AMI was asked to describe the research methods and data analysis tools that will be used to determine the effectiveness of the program and identify the responsible official(s) and office(s) that conducted the biennial review. Finally, the biennial review report was required to be approved by AMI's chief executive and/or its board. AMI was instructed to have the biennial review completed by December 15, 2013 and its report of findings submitted to the review team by December 31, 2013; and,

- Establish policies and procedures ensuring that all subsequent biennial reviews are conducted in a timely manner and are fully documented. The Institute was directed to take all other necessary action to ensure that these violations do not recur.

AMI's Response: AMI submitted multiple responses. In its initial response dated November 11, 2013, AMI concurred with the finding and stated that the institution initiated remedial action as directed in the program review report. AMI officials submitted an e-mail message dated August 15, 2014 that indicated that the annual disclosure was distributed to students and employees on November, 11, 2013. In addition, management submitted AMI's new drug and alcohol program materials and its new internal policies and procedures; however, the response did not include any documentation showing that a biennial review was conducted. Later, on June 17, 2014, AMI submitted its first biennial review report dated November 11, 2013.

Final Determination: AMI was cited for multiple violations of the *DFSCA* and Part 86 of the Department's General Administrative Regulations. Specifically, the institution failed to develop and implement a substantive drug and alcohol abuse prevention program (DAAPP) and as a result, also failed to publish an accurate and complete DAAPP disclosure that summarized the program. As additional consequences of these violations, AMI was unable to distribute program information to students and employees and also failed to conduct a biennial review of the DAAPP's effectiveness. These violations necessarily follow from each other because the biennial review is primarily a study of the DAAPP's effectiveness. Therefore, an institution cannot conduct a proper biennial review until it has a fully-functional DAAPP in place. In its responses, AMI concurred with the finding, represented that remedial action was taken, and submitted documents in support of its claims.

The Department carefully examined AMI's narrative response and supporting documentation. The review team's examination showed that the identified violations were, for the most part, satisfactorily addressed by the Institute's response, its inaugural biennial review report, and its new policies and procedures. Based on that review and AMI's admission of noncompliance, the violations identified in the finding are sustained. The Department also determined that the Institute's remedial action plan meets minimum requirements. For these reasons, the Department has accepted the response and considers this finding to be closed for purposes of this program review. Nevertheless, AMI must take all necessary actions to address the deficiencies and weaknesses identified by the Department as well as those that were detected during the preparation of the response to the Department's report and as may otherwise be needed to ensure that these violations do not recur. In this regard, AMI is reminded that it must continue to develop its DAAPP and update is annual disclosure to ensure that is continues to accurately summarize the program and the Institute's standards of conduct. AMI also must ensure that the disclosure is distributed annually to all mandatory recipients. Going forward, the Institute also must conduct substantive biennial reviews that assess the effectiveness of all aspects of the DAAPP and produce detailed reports on the required cycle. To that end, the Institute is specifically advised that its next biennial review report must contain substantially more information about the actual conduct of the review including research methods and that all findings and recommendations must be supported by valid evidentiary data.

Although this finding is now closed, AMI is specifically reminded that the exceptions identified above constitute very serious and persistent violations of the *DFSCA* that by their nature cannot be cured. There is no way to truly "correct" violations of this type once they occur. AMI asserted that it has taken adequate remedial actions and by doing so, has taken steps to finally comply with the *DFSCA* as required by its Program Participation Agreement (PPA). Notwithstanding these actions, Institute officials must understand that compliance with the *DFSCA* is essential to maintaining a safe and healthy learning environment. Data compiled by the Department shows that the use of illicit drugs and alcohol abuse is highly correlated to increased incidents of violent crime on campus. *DFSCA* violations deprive students and employees of important information regarding the educational, financial, health, and legal consequences of alcohol abuse and illicit drug use and deprive institutions of important information about the effectiveness of their drug and alcohol programs. For these reasons, AMI is advised that any remedial measures, whether already completed or planned for the future, cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or additional remedial measures as a result.

In light of the serious consequences associated with compliance failures of this type, the Department strongly recommends that the Institute re-examine its drug and alcohol policies, procedures, and programs on at least an annual basis and revise them as needed to ensure that they continue to reflect current institutional policy and are in full compliance with the *DFSCA*. Please be advised that the Department may request information on a periodic basis to test the effectiveness of the institution's new policies and procedures.

Finding 14: Crime Awareness Requirements Not Met - Failure to Publish Annual Security Reports (ASR) & Distribute in Accordance with the Clery Act

Citation: *The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act) and the Department's regulations require that all institutions that receive Title IV, HEA funds must, by October 1st of each year, publish a comprehensive Annual Security Report (ASR) that contains, at a minimum, all of the statistical and policy elements described in 34 C.F.R. § 668.46(b) and distribute it to all current students and employees.*

The ASR must be prepared and actively distributed as a single document. Acceptable means of delivery include U.S. Mail, hand delivery, or campus mail distribution to the individual or posting on the institution's website. If an institution chooses to distribute its report by posting to an internet or intranet site, the institution must, by October 1 of each year, distribute a notice to all students and employees that includes a statement of the report's availability and its exact electronic address, a description of its contents, as well as an advisement that a paper copy will be provided upon request. 34 C.F.R. § 668.41(e)(1). The Department's regulations also require participating institutions to provide a notice to all prospective students and employees that includes a statement about the ASR's availability, its contents, and its exact electronic address if posted to a website. This notice must also advise interested parties of their right to request a paper copy of the ASR and to have it furnished upon request. 34 C.F.R. § 668.41(e)(4).

The Clery Act and the Department's regulations require institutions to include statistics for incidents of crimes reported during the three most recent calendar years. The covered categories include criminal homicide (murder and non-negligent manslaughter), forcible and non-forcible sex offenses, robbery, aggravated assaults, burglary, motor vehicle theft, and arson. Statistics for certain hates crimes as well as arrest and disciplinary referral statistics for violations of certain laws pertaining to illegal drugs, illegal usage of controlled substances, liquor, and weapons also must be disclosed in the ASR. These crime statistics must be published for the following geographical categories: 1) on campus; 2) on-campus student residential facilities; 3) certain non-campus buildings and property; and, 4) certain adjacent and accessible public property. 34 C.F.R. § 668.46(c)(1).

In addition, the ASR must include several policy statements. These disclosures are intended to inform the campus community about the institution's security policies, procedures, and the availability of programs and resources as well as channels for victims of crime to seek recourse. In general, these policies include topics such as the law enforcement authority and practices of campus police and security forces, incident reporting procedures for students and employees, and policies that govern the preparation of the report itself. Institutions are also required to disclose alcohol and drug policies and educational programs. Policies pertaining to sexual assault education, prevention, and adjudication must also be disclosed. Institutions also must provide detailed policies of the issuance of timely warnings and emergency notifications as well as its emergency response and evacuation procedures. All required information referenced in 34 C.F.R. § 668.46(b) must be published in the ASR. With the exception of certain drug and alcohol program information, cross referencing to other publications is not sufficient to meet the publication and distribution requirements of the Act. 34 C.F.R. § 668.46(b).

Finally, each institution must also submit its crime statistics to the Secretary for inclusion in the Department's "Campus Safety and Security Data Analysis Cutting Tool." 34 C.F.R. § 668.41(e)(5).

***Noncompliance:** AMI violated multiple provisions of the Clery Act. Specifically, AMI failed to prepare and publish a 2012 ASR as a single comprehensive document that included all of the statistical and policy elements described in 34 C.F.R. § 668.46(b). As a result, AMI was unable to actively distribute such a report to all of its current students and employees in accordance with Federal regulations.*

During the site visit, the Department's review team requested a hardcopy of AMI's 2012 ASR and inquired about whether or not the ASR was available on the Institute's website. AMI officials were unable to produce a hardcopy or electronic version of a comprehensive ASR. Instead, AMI officials provided the review team with a hardcopy of its Emergency Response Plan (ERP) and informed the review team that a chart including some of the required campus crime statistics was available on the Institute's website. The review team was able to locate a document containing two calendar years of crime statistics on the AMI's website; however, it was ascertained that no actual ASRs were ever published.

As noted above, AMI did not publish an accurate and complete ASR. In addition, AMI failed to actively distribute the limited campus crime information that was assembled to current students and employees. Specifically, AMI officials conceded that the only means of distribution that has been utilized was to post the crime statistics on the campus bulletin board. Moreover, the Institute has also failed to actively notify prospective students and employees about the availability of the ASR, resulting in a separate and distinct violation.

The Department has found that the extent of the errors and omissions noted during the review of AMI's campus safety materials including the incomplete ERP demonstrates a persistent and systemic failure on the part of AMI to develop and implement a substantive Clery Act compliance program.
Numerous substantive violations and weaknesses were also identified during the Department's review of AMI's campus crime statistics disclosure that was available on its website:

- *Statistics for incidents of crimes reported were only published for the two most recent calendar years (2011 and 2012) rather than the three most recent calendar years (2009, 2010 and 2011), as required by Federal regulations;*

- *Statistics for incidents of crimes reported were not organized and disclosed in accordance with the Clery Act's geographical categories;*

- *Arrest statistics for liquor law violations included categories of offense for that are not reportable under the Clery Act including "DWI" and "Public Intoxication;"*

- *Also, statistics published on the institution's website for incidents of crimes reported did not match those submitted to the Secretary for inclusion in the Department's online campus crimes statistics database. For example:*

    - *AMI did not disclose any statistics for incidents of crime that occurred on-campus for calendar year 2009; however, the Institute made an online submission to the Department's database that indicated that three robberies, one burglary and one motor vehicle theft occurred on-campus during that year.*

    - *AMI did not disclose any statistics for incidents of crimes that occurred on public property for calendar year 2009; however, the Institute made an online submission to the Department's database that indicated that one robbery occurred on public property during that year.*

Furthermore, AMI's Emergency Response Plan did not include basic information that is required under the Clery Act's emergency notification and response requirements at 34 C.F.R. § 668.46(e) and (g). Specifically, AMI's ERP did not include materially-complete information in any of the following areas:

- *An explanation of the methods the institution will use to notify the campus community about timely warnings and emergency notifications;*

- *A statement that the institution will, without delay, and taking into account the safety of the community, determine the content of the notification and initiate the notification system, unless the notification, in the professional judgment of responsible authorities, compromise efforts to assist victims or to contain, respond to, or otherwise mitigate the emergency;*

- *A description of the process the institution will use to confirm that there is a significant emergency, determine who to notify, determine the content of the notification, and initiate the notification system;*
- *Plans for the conduct of tests of the emergency response and evacuation procedures on at least an annual basis along with a statement about whether such tests will be announced or unannounced;*

Failure to publish an accurate and complete ASR as a comprehensive document and to actively distribute it to current students and employees in accordance with Federal regulations deprives the campus community of important security information that can empower its members to be informed and play an active role in their own safety and security.

Furthermore, any failure to disclose accurate and complete crime statistics in the ASR and/or submit them to the CSSDACT violates the Clery Act. Such discrepancies an institution's crime statistics confuses users of the ASR and the Department's online campus crime statistics database and deprives the campus community and the public of important campus crime information.

Required Action Summary: As a result of the above violations, AMI was directed to review and revise its existing policies and develop and implement new detailed policies and procedures as needed to ensure that all aspects of the preparation, publication, and distribution of the ASR are carried out in a manner that complies with Federal regulations. These procedures were to also specially articulate how prospective students and employees will be notified of the report's availability. Using its new the policies as a guide, AMI was instructed to prepare and publish an accurate and complete 2013 ASR that includes all of the statistical disclosures and policy, procedure, and programmatic information required under 34 C.F.R. § 668.46(b). In addition, the Institute needed to actively distribute its new ASR to all current students and employees in accordance with 34 C.F.R. § 668.41(e). In this case, AMI was permitted to incorporate all required changes into its next regularly-scheduled ASR. The next ASR would be actively distributed no later than October 1, 2013. Given the issuance date of this program review report and the amount of policy development and operational work that must be completed, the next ASR would be issued late resulting in an additional violation; however, the remedial measures set out above would be accomplished and completely documented. A copy of AMI's new and revised policies and procedures and its 2013 ASR were requested to accompany its response to this program review report. In addition, the Institute's response was to include records showing

that the ASR distribution and notification requirements were carried out properly along with a certification statement that affirms that the institution understands its *Clery Act* obligations and that it has taken all necessary corrective actions to ensure that these violations do not recur.

As noted above, the exception identified above constitutes a serious violation of the *Clery Act* that by their nature cannot be cured. AMI was given an opportunity to develop a materially-complete ASR and to properly distribute it in accordance with Federal regulations and in doing so, could begin to bring its overall campus security program into compliance with the *Clery Act* as required by its PPA. However, AMI was advised that these remedial measures cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require other corrective measures as a result.

AMI officials were directed to review the Department's "Handbook for Campus Safety and Security Reporting" (2011) for guidance on complying with the *Clery Act*. The handbook is available online at: www2.ed.gov/admins/lead/safety/handbook.pdf. The regulations governing the *Clery Act* can be found at 34 C.F.R. §§ 668.14, 668.41, 668.46, and 668.49.

AMI's Response: AMI submitted multiple responses. In its February 3, 2014 response, AMI concurred with the finding and stated the institution initiated remedial action as directed in the program review report. AMI officials provided links to updated policies posted on the Institute's official website. The Institute subsequently submitted an e-mail message dated August 14, 2014 that indicated that its first ASR was distributed to students and employees on November, 11, 2013. In addition, AMI management submitted a certification asserting that, "AMI shall comply with all requirements of the *Clery Act*. Guidelines and procedures were created to ensure the AMI's ongoing compliance with the *Clery Act*'s crime and fire reporting and disclosure obligations, and its obligation to make available to the campus community and the public, campus security and safety policy statements as prescribed by the law."

Final Determination: AMI was cited for multiple *Clery Act* violations. Specifically, the Institute did not produce a 2012 ASR and as a result, failed to distribute the required report to enrolled students and current employees. During the site visit, the Department's review team requested a hardcopy of AMI's 2012 ASR and inquired about whether or not the ASR was available on the Institute's website. AMI officials were unable to produce a hardcopy or electronic version of a comprehensive ASR. Instead, AMI officials provided the review team with a hardcopy of its Emergency Response Plan (ERP) and informed the review team that a chart including some of the required campus crime statistics was available on the Institute's website. The review team was able to locate a document containing two calendar years of crime statistics on the AMI's website; however, it was ascertained that no actual ASRs were ever published. As a result of these violations, AMI was required to develop and implement policies and procedures regarding campus safety and *Clery Act* compliance. Then, AMI was required to produce an accurate and complete 2013 ASR and actively distribute it to required recipients. In its responses, the institution concurred with the finding, represented that remedial action was taken, and submitted documents in support of its claims.

The Department carefully reviewed all available information, including AMI's response. Based on that review and the institution's admission of noncompliance, the Department has determined that all elements of the initial finding are sustained. In addition, it was determined that AMI did not distribute its 2013 ASR by October 1, 2013. AMI's report was not transmitted until November 11, 2013, 41 days late. During the response analysis, it was determined that the institution does maintain a student residential facility and therefore was required to produce an annual fire safety reports (AFSR) starting in 2010. AMI did not produce an AFSR until after the program review was initiated by the Department. As was the case with the 2013 ASR, the Institute's 2013 AFSR was not distributed until November 11, 2013.

Although the Department noted some improvements, the review team's analysis indicated that numerous significant deficiencies remain. Specifically, the institution's 2013 ASR did not include adequate disclosures in the following areas:

- A statement of current campus policies regarding procedures for students and others to report criminal actions or other emergencies occurring on campus. This statement must include the institution's policies concerning its response to these reports, including—
    - Policies for making timely warning reports to members of the campus community regarding the occurrence of crimes described in paragraph (c)(1) of this section;
    - Policies for preparing the annual disclosure of crime statistics; and
    - A list of the titles of each person or organization to whom students and employees should report the criminal offenses described in paragraph (c)(1) of this section for the purpose of making timely warning reports and the annual statistical disclosure. This statement must also disclose whether the institution has any policies or procedures that allow victims or witnesses to report crimes on a voluntary, confidential basis for inclusion in the annual disclosure of crime statistics, and, if so, a description of those policies and procedures.

The Department's analysis indicated that much of the content in the 2013 ASR was extracted directly from the online ASR of another institution, Grand Canyon University (GCU). To be clear, the Department does not object to institutions researching the policies and procedures of other institutions. In such cases however, it is incumbent upon an institution to tailor borrowed content to reflect its own policies, procedures, and programs. Here, AMI officials failed to modify any information including the use of the GCU acronym and references to the "University." Moreover, AMI's report advised students that it may utilize the services of a rape crisis center that is four hours away from it campus. Finally, the Institute's report includes references to the "Student Center" at GCU. AMI must immediately correct all such references and ensure that all disclosures are relevant to AMI and its students and employees and provide information about resources that are available on campus and in the near-campus community.

In this regard, AMI must immediately enhance its 2014 ASR to include the following:

- A description of educational programs to promote the awareness of rape, acquaintance rape, and other forcible and non-forcible sex offenses;

- Procedures students should follow if a sex offense occurs, including procedures concerning who should be contacted, the importance of preserving evidence for the proof of a criminal offense, and to whom the alleged offense should be reported;
- Information on a student's option to notify appropriate law enforcement authorities, including on-campus and local police, and a statement that institutional personnel will assist the student in notifying these authorities, if the student requests the assistance of these personnel;
- Notification to students of existing on- and off-campus counseling, mental health, or other student services for victims of sex offenses;
- Procedures for campus disciplinary action in cases of an alleged sex offense, including a clear statement that—
    - The accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding; and
    - Both the accuser and the accused must be informed of the outcome of any institutional disciplinary proceeding brought alleging a sex offense. Compliance with this paragraph does not constitute a violation of the Family Educational Rights and Privacy Act (20 U.S.C. 1232g). For the purpose of this paragraph, the outcome of a disciplinary proceeding means only the institution's final determination with respect to the alleged sex offense and any sanction that is imposed against the accused; and
    - (vii) Sanctions the institution may impose following a final determination of an institutional disciplinary proceeding regarding rape, acquaintance rape, or other forcible or non-forcible sex offenses.

Under the heading "Timely Warning/Emergency Notification," the current ASR does not include any of the information required by the applicable sections of the *Clery Act* and merely states that "victims or witnesses may report emergency situations or crimes on an anonymous confidential basis by contact Arlington Police Department." AMI must immediately develop and implement the omitted timely warning and emergency notification information and include it in a revised 2014 ASR.

Moreover, AMI's current ASR includes misleading references to the institution's "Public Safety Department." The Institute has no such department. It appears that these references are another byproduct of cutting and pasting content from GCU's ASR into its own report. These references must be removed immediately.

Finally, AMI failed to include statistics of Clery-reportable offenses, arrests and disciplinary referrals for drug, liquor, and weapons law offenses, and hate crimes in the 2013 ASR. The Department notes that the Institute submitted crime statistics for inclusion in the Campus Safety and Security Data Analysis Cutting Tool but no such disclosures were included in the ASR.

AMI must review its 2014 ASR and AFSR and address these deficiencies by revising and enhancing the report so that it includes all of the statistical disclosures and policies, procedure and programmatic information required by 34 C.F.R. § 668.46(b) and 34 C.F.R. § 668.49(b).

The revised ASR must be completed and then actively distributed to enrolled students and current employees within 45 days of receipt of this FPRD. AMI must also take steps to ensure that all prospective students and employees are actively notified of the report's availability and provided a copy upon request in accordance with 34 C.F.R. § 668.41.

AMI must submit its original 2014 ASR and it revised 2014 ASR with credible proof of active distribution within 50 days its receipt of this FPRD. This documentation must be submitted via electronic mail to Ms. Michelle Allred at michelle.allred@ed.gov and to the Department's *Clery Act* Compliance Team at clery@ed.gov. If any of the requested reports were not produced or retained, AMI officials must clearly communicate that fact to Ms. Allred and the CACT via electronic mail. In this context, AMI officials are specifically advised that no new documents are to be created for the purpose of demonstrating compliance for past periods. The institution's submission must reference its Program Review Control Number (PRCN) in the subject line of its e-mail message. The institution is also advised that any failure to respond to the supplemental request for document production will result in a referral for the imposition of administrative actions in addition to any such referral that may be made to address the original violations identified in Finding #14 of the program review report.

Notwithstanding the continuing violations noted above, the Department has determined that the Institute's remedial action plan meets minimum requirements. For these reasons, the Department has accepted the response and considers this finding to be closed for purposes of this program review, subject to satisfactory production of the requested documents. Although this finding is conditionally closed, the officials and directors of AMI are put on notice that the institution must take all necessary action to address the deficiencies and weaknesses identified by the Department as well as those that were detected during the preparation of the response to the Department's report and as may otherwise be needed to ensure that these violations do not recur.

Although the finding is now conditionally closed, AMI is reminded that the exceptions identified above constitute serious violations of the *Clery Act* that by their nature cannot be cured. There is no way to truly "correct" a violation of this type once it occurs. Moreover, AMI's failure to adequately address these violations after they were brought to the attention of institutional officials constitutes a significant administrative impairment that may indicate that AMI is unable and/or unwilling to adhere to the terms and conditions of its PPA. AMI will be provided with another opportunity to take adequate remedial action. Nevertheless, the institution's persistent failure to produce and distribute accurate and complete ASRs and AFSRs deprived students and employees of important campus safety information to which they are entitled. For these reasons, AMI is advised that subsequent remedial actions cannot and do not diminish the seriousness of these violations nor do they eliminate the possibility that the Department will impose an adverse administrative action and/or require additional remedial actions as a result.

Because of the serious consequences of such violations, the Department strongly recommends that AMI officials re-examine its campus safety and general Title IV policies and procedures on an annual basis to ensure that they continue to reflect current institutional practices and are compliant with Federal requirements. To that end, Institute officials are encouraged to consult the Department's "Handbook for Campus Safety and Security Reporting" (2011) as a reference

guide on *Clery Act* compliance. The Handbook is online at: www2.ed.gov/admins/lead/safety/handbook.pdf. The Department also provides a number of other *Clery Act* training resources. AMI officials can access these materials at: www2.ed.gov/admins/lead/safety/campus.html. The regulations governing the *Clery Act* can be found at 34 C.F.R. §§ 668.14, 668.41, 668.46, and 668.49.

Finally, AMI management is also reminded that Section 304 of the Violence Against Women Reauthorization Act of 2013 (VAWA) amended the *Clery Act* to require institutions to compile and disclose statistics for incidents of domestic violence, dating violence, sexual assault, and stalking and to include certain policies, procedures, and programs regarding the prevention of sex crimes in their ASRs. All institutions are currently obligated to make a documented good-faith effort to comply with the statutory requirements of VAWA and were required to include all new required content in the 2014 ASR. Please be further advised that Final Rules on the VAWA amendments to the *Clery Act* were issued on October 20, 2014 and that as a result, these regulations will go into effect on July 1, 2015, per the Department's Master Calendar. AMI officials may access the text of the Fine Rule at: http://ifap.ed.gov/fregisters/attachments/FR102014FinalRuleViolenceAgainstWomenAct.pdf.

D. Summary of Liabilities

The total amount calculated as liabilities from the findings in the program review determination is as follows.

Established Liabilities	
Liabilities	Pell (Closed Award Year)
Finding 5	$314.00
TOTAL	$314.00
Payable To:	$0
Department	$314.00

E. Payment Instructions

Liabilities Owed to the Department Less Than $1,000

Since the total liability amount owed to the Department is minimal (less than $1,000), a receivable is not being established with the Department's Accounts Receivable Group. However, AMI remains responsible, in its role as a fiduciary for Title IV, HEA federal funds, for making restitution to the appropriate account in the amount indicated in the applicable finding and must satisfy all program reporting requirements in making any required adjustments in COD. Upon making any necessary adjustments in COD, any funds owed must be returned to the Department via G5. In addition, AMI must ensure that it has corrected its procedures so that this type of finding does not recur or is not repeated. A copy of the adjustment to each student's COD record, as well as proof that the funds were returned through G5, if applicable, must be sent to Michelle Allred **within 45 days of the date of this letter**.

F. Appendices

Appendix A, Student Sample, and Appendix B, Student Level Liability Data contain personally identifiable information and will be emailed to AMI as an encrypted WinZip file using Advanced Encryption Standard, 256-bit. The password needed to open the encrypted WinZip file(s) will be sent in a separate email.

Appendices C-D are attached to this report.

Appendix A: Student Sample
(provided by email)

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Appendix B: Student Level Finding Data
(provided by email)

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Appendix C: Institution's Written Response to the PRR

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Appendix D: Program Review Report

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