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## **INTRODUCTION**

All institutions participating in federal financial aid programs are required to notify enrolled and prospective students and current and prospective employees regarding available consumer information. This document provides access to required consumer information. Each section lists specific locations where additional information is available. Additionally, the right to request and receive this information in writing is available by contacting the campus director or designee at each American Institute location during regular business hours.

## **GRADUATION RATES: (STUDENT RIGHT TO KNOW)**

LOCATION ID: OPEID: 021066-02

GRADUATION RATE: N/A

The graduation rate above was computed as a percentage and includes statistical data for all programs offered at American Institute. This report is updated annually as of July 1<sup>st</sup> and is available to all students upon request.

The graduation rate represents a 4-year average of all first-time, full-time students who completed their program of study at American Institute within 150 percent of the published program length.

### **DETAILED GRADUATION RATES:**

#### **Gender:**

Male: N/A

Female: N/A

#### **Ethnicity:**

Hispanic/Latino: N/A

American Indian: N/A

Asian: N/A

African American: N/A

White: N/A

Unknown: N/A

Native Hawaiian or Pacific Islander: N/A

Two or more races: N/A

#### **Financial Aid Recipients:**

**Federal Pell Grant:** N/A

**Federal Direct Subsidized Loan:** N/A

**Neither Federal Pell Grant nor Federal Direct Subsidized Loan:** N/A

The graduation rates above were computed as a percentage and include statistical data for all programs offered at American Institute. This report is updated annually as of July 1<sup>st</sup> and is available to all students upon request.

The graduation rates represents all first-time, full-time students, by gender, by each major racial and ethnic subgroup, by recipients of a Federal Pell Grant, by recipients of a Federal Direct Subsidized Loan who did not receive a Federal Pell Grant, and recipients of neither a Federal Pell Grant nor a Federal Direct Subsidized Loan. It includes students enrolled between 09/01/07- 08/31/08 that completed their program of study at American Institute within 150 percent of the published program length.

**RETENTION RATES:**

RETENTION RATE: N/A

The retention rate above was computed as a percentage and includes statistical data for all programs offered at American Institute. This report is updated annually as of July 1<sup>st</sup> and is available to all students upon request.

The retention rate represents still enrolled or completed first-time, full-time students who completed their program of study at American Institute during the Fall 2009 cohort.

**PLACEMENT RATES:**

The placement of and types of employment obtained, by graduates of our institutions degree or certificate programs.

Typical professions obtained by our graduates:

Medical Assistant	Medical Coding and Billing Specialist	Diagnostic Medical Sonographer	Health Information Technology
<ul style="list-style-type: none"> <li>- Medical Assistant</li> <li>- Medical Receptionist</li> <li>- Medical Registration Clerk</li> <li>- Phlebotomist</li> <li>- Patient Care Tech</li> </ul>	<ul style="list-style-type: none"> <li>- Billing Associate</li> <li>- Medical Records Technician</li> <li>- Patient Accounts Representative</li> <li>- Claims Specialist</li> <li>- Medical Receptionist</li> <li>- Medical Secretary</li> </ul>	<ul style="list-style-type: none"> <li>- Diagnostic Medical Sonographer</li> <li>- Diagnostic Cardiac Medical Sonographer</li> <li>- Ultrasound Technician</li> </ul>	<ul style="list-style-type: none"> <li>- Health Information Managers</li> <li>- Health Information Analysts</li> <li>- Health Information Coordinators</li> <li>- Retention and Retrieval Technicians</li> <li>- Release of Information Technicians</li> </ul>

**Calculated Placement Rates:**

**State of Florida required calculations: (July 2010- June 2011)**

Medical Assistant: N/A  
 Medical Coding and Billing Specialist: N/A  
 Diagnostic Medical Sonographer: 61%

**ACICS required placement rate calculations: (July 2010- June 2011)**

- Medical Assistant: N/A
- Medical Coding and Billing Specialist: N/A
- Health Information Technology: N/A
- Diagnostic Medical Sonography: 44%

**Total Placement Rates: 44%**

The above percentages are compiled as a net number of graduates placed in a related field per program. The total number of placed students within the timeframe above is divided by the total number of graduates in the same timeframe who were available for work.

Note: Students that are unavailable for work or considered waived are not calculated in the percentages.

**STUDENT BODY DIVERSITY RATES:**

**Gender:**

Male: N/A  
Female: N/A

**Ethnicity:**

Hispanic/Latino: N/A  
American Indian: N/A  
Asian: N/A  
African American: N/A  
White: N/A  
Unknown: N/A  
Native Hawaiian or Pacific Islander: N/A  
Two or more races: N/A

The information on student body diversity at American Institute is of students who were enrolled anytime between 07/01/09-06/30/10. This information is updated annually as of July 1<sup>st</sup> and is available to all students upon request.

**Federal Pell: N/A**

The Federal Pell percentage is of all students who received a Federal Pell Grant and were enrolled anytime between September 1<sup>st</sup>, 2009 through August, 31<sup>st</sup> 2010.

## **Peer-to-Peer ("P2P") File Sharing Policy**

The issue of P2P file sharing is receiving increasing attention in the U.S. and around the world. P2P file sharing is not itself illegal. However, it is often used for unauthorized downloading and uploading of copyright-protected material such as music, movies, video games, computer software and photographs, which are subject to civil and criminal liabilities. Several courts have determined that substantial P2P file sharing of copyright-protected works generally does not fall within the fair use defense.

If prosecuted of illegal P2P file sharing, penalties imposed on convicted individuals:

(1) shall be fined not more than \$500,000 or imprisoned for not more than 5 years, or both, for the first offense; and

(2) shall be fined not more than \$1,000,000 or imprisoned for not more than 10 years, or both, for any subsequent offense.

P2P applications are also considered a big security risk because they use direct communications between computers (or "peers") to share or transfer data. They require client software to be installed and, by so doing, expose the network to a number of risks.

Security flaws in P2P applications may provide attackers with ways to crash computers, access confidential information, or infect the entire network. In addition, P2P applications can consume large amounts of bandwidth that are reserved for academic and administrative purposes and are, therefore, considered network abuse.

For these reasons, Peer-to-Peer file sharing (P2P) is prohibited on the campus network at the American Institute. Firewalls have been established and will be maintained that block the ports by which P2P information travels. Through this method of technical enforcement, the School strives to preserve the integrity of our network at all times.

Furthermore, any computer running P2P software will be blocked from campus network access until the software has been removed from the computer. A Systems Administrator in the Information Technology division must verify removal of the P2P software before network access is restored.

Any student found using campus computers or the campus network to illegally download and/or upload copyright-protected material is in violation of this policy and is subject to administrative sanctions up to and including dismissal from school.

## **CAMPUS SAFETY AND SECURITY POLICIES**

### **Reporting a Campus Crime or Criminal Incident**

Cultivating and maintaining a safe campus environment is primarily dependent on the cooperation of students, faculty and staff. As a member of the American Institute campus community, it is your responsibility to report a crime, suspicious activity or other emergencies on campus to the appropriate campus official.

Should you become a witness to or victim of a crime, immediately report the incident to the Campus President, Director of Education and/or Program Director as well as the local Police Department.

When making your report of the incident you should provide the following information:

1. Description of the incident
2. Date, time and location of the incident
3. Description of the persons or vehicles involved in the incident
4. Who else was notified about this incident

The student does not have the policies and procedures that allow victims or witnesses to report crimes on a voluntary, confidential basis for inclusion in the annual disclosure of crime statistics.

Upon receipt of the report, the School will determine the appropriate response that may include disciplinary action against the offender(s), notification to local law enforcement, notification to the campus community or other public safety alternatives deemed appropriate given the circumstances.

### **Safety & Crime Prevention**

- Trust your instincts!
  - If you think there is something wrong, there is probably something wrong.
- Do not prop doors open!
  - This compromises the security of the entire building.
- Avoid risky behavior!
  - Remember that alcohol impairs your judgment. Think before you drink, and consider the risks before you act. The decisions you make now can have a significant impact on your safety and on your future.
- Be alert to what is going on around you!
  - Be aware of your surroundings, and walk confidently and with determination. Avoid shortcuts in isolated areas, and walk in groups at night.
- Be aware of your rights in social and sexual situations!
  - Be willing to say No! If a situation becomes uncomfortable. No means no! Unwanted physical contact is a crime. Report it immediately to a faculty member, Program Director, Director of Education, and/or Campus President.
- Protect your property:
  - Put an identifying number near the binding of the same page in all of your books.
  - Keep wallets, purses, checkbooks, jewelry out of sight and locked away, if possible.
  - Do not keep large sums of cash on-campus.
  - Keep track of credit cards and report their loss immediately.

### **Reporting an Offensive Campus Incident**

The American Institute strives to promote citizenship and mutual respect between students and other members of the campus community. In the case that a student feels threatened or is offensively

confronted either verbally or physically by another member of the student body or campus community the student should:

- Report the incident to their supervisory faculty member, Program Director, Director of Education and/or Campus President.
- Submit a written description of the offense (including names of witnesses) that will be submitted with an Incident Report generated by the staff member to whom the incident was first reported.
- All incident reports will be logged and archived in a binder in the Director of Education's office. All incidents will be reviewed by the Director of Education and Campus President, and the appropriate disciplinary action or advisement will be exercised.

American Institute's policies governing student conduct and applicable sanctions for conduct violations can be found in the American Institute school catalog.

#### **1. Access to Facilities:**

Normal Campus business hours are: 8:30am – 10:00pm Monday – Thursday  
9:00am – 5:00pm Friday  
9:00am – 3:00pm Saturday  
Closed – Sunday

Only students, prospective students, employees and individuals with official school business are allowed on the premises of the institution.

#### **2. Law Enforcement Authority:**

The staff officials with security authority are the Campus President, Director of Education, Program Directors, and Evening Supervisor. The person or persons with security authority do not have arrest authority. When needed, the local police are called to respond to crimes within the immediate vicinity of the institution.

The institution has an excellent working relationship with the local police and they will be contacted should there be an emergency or a criminal offense that warrants notification to the police.

#### **3. Distribution of Security and Crime Reports:**

The campus security report and the statistics are updated and distributed to every student and employee by October 1 of each year.

#### **4. Statement with Regard to the Illegal Use of Drugs and Alcohol:**

The institution prohibits the manufacture, use, or distribution of alcohol and illicit drugs by students and employees on its property, at an externship site, or at any school activity. Any violation will result in appropriate disciplinary action and may result in legal action.

#### **5. Procedures Students should follow if a sex offense occurs.**

- a. Go to a safe place following the attack.
- b. Do not take a shower or bath or destroy any of the clothing you were wearing at the time of the attack. In other words, do not destroy any evidence.
- c. Go to the hospital emergency room for a medical examination.
- d. Call someone so you will not be alone.
- e. Report the sexual offense to the police. If you would like, someone at the institution (name a person or office) will assist you.
- f. At the victim's request, the victim will have the academic situation changed.

- g. A disciplinary hearing will be held. The accuser and the accused are entitled to have others present. Both the accuser and the accused will be informed of the outcome of any institutional disciplinary proceeding.
  - h. Depending on the outcome of the disciplinary proceeding, the accused may be suspended by the institution.
6. **Information about registered sex offenders in Florida may be obtained at the following website:** <http://offender.fdle.state.fl.us/offender/homepage.do>
7. **Off campus counseling, mental health, or other student services for victims of sex offenses.**

### Orange County Mental Health Services

#### FIRST CALL: *ORANGE 2-1-1*

**Family Counseling** - Counseling for families with adolescent children and teenagers, especially those who are truant, runaway or troubled. The program seeks to keep families intact and prevent involvement of these youth in the juvenile justice system. (407) 897-6370 (x221)

**Oaks Community Intervention Program** - Provides intensive probation and mental health counseling services for youth placed on probation supervision. (407) 836-8761

**Intensive Crisis Counseling** - A voluntary, in-home family preservation and intervention service for families whose children are at imminent risk of removal from the home due to abuse, abandonment and/or neglect. (407) 836-7643

**Homemakers Program** - A voluntary, in-home family preservation and intervention service for families whose children are at imminent risk of removal from the home due to abuse, abandonment and/or neglect. (407) 836-7643

**Youth Shelter** - Temporary housing open 24 hours/7 days per week for youth experiencing a variety of problems. Youth at the shelter may be homeless, runaways, or lockouts or may be seeking a cooling off period during a family crisis. Counseling services are provided, as well as, referrals to other services needed by the family. (407) 836-7626

**Wraparound Orange** - A community engaged initiative designed to support a multifaceted system of care infrastructure for children suffering from a mental health disorder and their families. The initiative's core objective is to pull together critical services on all levels so that children and their families can receive adequate services and resources that are more easily accessible and unique to their individual needs. Through a family-driven, youth guided and culturally competent approach, Wraparound Orange currently serves children twelve and under who are suffering from a serious emotional disorder and have been referred to the Department of Juvenile Justice. The initiative will expand in order to establish a broader continuum of services to the community. Wraparound Orange cultivates community involvement and support that will overall improve family stability and future outcomes. (407) 836-6547

**Crisis Assistance Program** - Provides one-time financial assistance to Orange County citizens who are experiencing a sudden, temporary financial emergency, but will be self-sufficient within one month. Assistance may include payment of rent, mortgage or utilities, as well as referrals to other needed services. For an appointment, call (407) 836-6500.

**Family Resource Program** - Provides assistance to families enduring long-term hardships, usually as the result of health and disability issues. Services are focused on assisting families to become self-sufficient through a return to work or obtaining social security disability benefits. (407) 836-6512

**Low Income Home Energy Assistance Program (LIHEAP)** - The Low Income Home Energy Assistance Program (LIHEAP) provides utility payment assistance to Orange County residents whose income is at or below 150% of the federal poverty level. For an appointment, call (407) 836-7429.

**Veterans' Services** - Provides assistance to all former or present members of the Armed Forces of the United States, their spouse and/or their dependents in preparing claims for compensation, hospitalization, vocational training and other benefits to which they are entitled. (407) 836-8990

**Great Oaks Village** - A residential foster care group home for children 6 to 18+ who have been removed from their homes by the State of Florida due to abuse, neglect or abandonment. The facility is comprised of six 12-bed cottages that are used for long-term housing. Children receive educational, recreational, medical and counseling services. (407) 836-7665

**Laurel Hill Independence Center** - A group home for 12 adolescent boys who have not been successful in other foster care placements due to serious emotional or behavioral problems. (407) 296-5150

**Youth & Family Services Administrative Offices**

1718 E. Michigan Street  
Orlando, Florida 32806  
(407) 836-7600

**Florida Department of Health**

**Central Health Clinic**

832 West Central Blvd.  
Orlando, Florida  
407-836-2690 (main)

**Center for Multicultural Wellness and Prevention Incorporated**

641 N Rio Grande Ave  
Orlando, Florida 32805 - 407-648-9440 (main)

**Domestic & Sexual Abuse Assistance**

**Crisis Shelter**

E Colonial Dr, Orlando, FL  
(407) 482-04045931

**Harbor House Outreach**

(407) 893-57871105  
E Concord St, Orlando, FL

**Emergency Response and Evacuation Procedures**

In the event of an emergency situation or crisis at the American Institute, the following procedures are to be utilized in order to initiate the appropriate and timely response.

- The nature and specifics of the emergency should be given to an administrator, staff or faculty member as soon as possible.
- If the emergency is one that requires immediate evacuation, the informed administrator, staff or faculty member should pull the closest Emergency Fire Alarm and begin directing students out of the building and onto the sidewalks.
- All campus management staff (including Program Directors) are designated Emergency Situation Marshals (ESM's) and should aid in the timely yet orderly evacuation of all students and personnel from the facility. In addition, ESM's should make every attempt to check classrooms, bathrooms and all other quarters for students without jeopardizing their own safety and/or the safety of others.
- Students are asked to follow the directives of the school personnel and make sure that they do not congregate in a manner that may hinder access to the facility by first responders.
- Students are required to stay with their classmates and supervising faculty member while the population is in an evacuated state, and the emergency is being investigated and/or resolved.
- The School will defer to the judgment and notification resources of Broward County first responders with regards to the notification of the community-at-large about the nature and status of the emergency.
- The campus will conduct annual evacuation drills to simulate emergency situations. The type of drill (announced or unannounced) plus Response time for total evacuation will be noted and documented in the Evacuation Drill log located in the Campus President's office.

### **Campus Crime Statistics**

Criminal offenses are reported to American Institute, which maintains overall campus statistics. Below represents the American Institute up to December 2010. Instance of the following crimes are as follows:

<b>CRIMES</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Murder and non-negligent manslaughter	N/A	N/A	N/A
Sex offenses, including forcible & non forcible	N/A	N/A	N/A
Robbery	N/A	N/A	N/A
Aggravated Assault	N/A	N/A	N/A
Burglary	N/A	N/A	N/A
Motor vehicle theft	N/A	N/A	N/A
Arson	N/A	N/A	N/A
<b>ARRESTS</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Liquor law violations	N/A	N/A	N/A
Drug abuse violations	N/A	N/A	N/A
Weapon(s) possessions	N/A	N/A	N/A

### **Crimes of Prejudice**

Instance of the following crimes reported to have occurred on campus that manifested evidence of prejudice based on race, gender, religion, sexual orientation, ethnicity/national origin or disability are as follows:

<b>CRIMES</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Murder and non-negligent manslaughter	N/A	N/A	N/A
Sex offenses, including forcible & non forcible	N/A	N/A	N/A
Robbery	N/A	N/A	N/A
Aggravated Assault	N/A	N/A	N/A
Burglary	N/A	N/A	N/A
Motor vehicle theft	N/A	N/A	N/A
Arson	N/A	N/A	N/A
<b>ARRESTS</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Liquor law violations	N/A	N/A	N/A
Drug abuse violations	N/A	N/A	N/A
Weapon(s) possessions	N/A	N/A	N/A

America Institute is required to include all offenses occurring on school premises. There were no reportable offenses on the AI campus for the years reported, nor were any AI students involved in a reportable offense on the AI campus.

## **DRUG AND ALCOHOL POLICIES**

The American Institute is committed to creating and maintaining a nurturing campus environment that is free of alcohol and substance abuse, and that complies with Florida state and local laws. The illegal possession, use or distribution of drugs or alcohol by students, staff, and faculty members is a violation of the American Institute rules as well as federal and state laws.

American Institute views the abuse of alcohol and legal drugs and the use of illicit drugs as being contradictory and harmful to the pursuit of career education and the realization of one's full potential as a student and member of this community. Accordingly, the School takes very seriously its obligation to address the issue of substance abuse.

Not only does substance and alcohol abuse have profound effects on the physical, emotional and social viability of the abuser, the legal sanctions that may result from the possession, consumption and distribution of illicit drugs and alcohol can be similarly, if not more, profound.

### **Federal, State and Local Sanctions for Illegal Drug and Alcohol Use**

There are numerous legal sanctions under federal, state and local laws which can be used to punish violators of the alcohol and drug laws. Examples of Federal penalties are found in the attached summary of Federal Trafficking Penalties provided by the U.S. Drug Enforcement Administration.

Florida state statutes provide sanctions in regard to the use, possession, and/or sale of illicit drugs and the abuse of alcohol. Florida's legal minimum drinking age is 21. Punishment varies dependent upon the amount and type of drug and/or alcohol involved. Felony convictions range from one year to life imprisonment. Possession of not less than 20 grams of cannabis is punishable as a misdemeanor of the first degree. Punishment for misdemeanors ranges from less than 60 days to one year imprisonment.

Under §893.13, Florida Statutes, it is unlawful for any person to sell, purchase, manufacture, deliver, or possess with intent to sell, purchase, manufacture, or deliver a controlled substance. Violation of this statute is a felony and is punishable under Chapter 775 of the Florida Statutes.

Under §893.13 (1) (e), Florida Statutes, it is unlawful for any person to sell, purchase, manufacture, deliver, or to possess with the intent to sell, purchase, manufacture, or deliver a controlled substance in, on, or within 1,000 feet of a public or private elementary, middle, or secondary school. Punishment for a violation of this statute may include a minimum three-year imprisonment.

Under §316.1936, Florida Statutes, it is unlawful for any person to possess an open container of alcoholic beverage while operating a vehicle in the state or while a passenger in or on a vehicle being operated in the state. Violation of this law will result in a non criminal moving traffic violation, punishable as provided in Chapter 318 of the Florida Statutes, with fines and points on a driving record leading to driver's license suspension.

Under §316.193, Florida Statutes, a person is guilty of driving under the influence if such a person is driving or in actual physical control of a vehicle within the state and the person is under the influence of alcoholic beverages or any controlled substance when affected to the extent that his or her normal faculties are impaired or the person has a blood alcohol level of .10 percent or higher. First conviction on such a DUI charge shall result in a fine not less than \$250 or more than \$500 and imprisonment not more than six months. A second conviction results in a fine of not less than \$500 or more than \$1,000 and not more than nine months' imprisonment. Third conviction will result in not less than a \$1,000 fine or more than a \$2,500 fine and imprisonment for not more than 12 months.

## **Sanctions that will be Imposed on Students and Employees for Violations of the Drug and Alcohol Policy**

In addition to policies and practices that emphasize concern for the welfare of individuals, American Institute also recognizes the importance of maintaining the safety and well-being of the community as a whole. The School therefore adheres to the following guidelines concerning the unlawful possession, use, or distribution of drugs:

1. The unlawful possession, use, or distribution of drugs will not be tolerated on school premises.
2. Upon finding evidence of the unlawful possession, use, or distribution of drugs on its premises by any student, the school will take appropriate disciplinary action, including, but not limited to, probation, suspension, or expulsion.
3. Consistent with policies set forth in the American Institute Employee Handbook, the School will take disciplinary action, up to and including discharge, against any member of the faculty or staff found to be unlawfully using, possessing, or distributing drugs on school premises.

Faculty, staff, and students should also be aware that, in addition to sanctions set forth by American Institute, they may be subject to criminal prosecution under federal and state laws that specify fines or imprisonment or loss of federal financial student aid for conviction of drug-related offenses. Where appropriate or necessary, American Institute will cooperate fully with law enforcement agencies.

## **Health Risks Associated with Illicit Drug Use and Alcohol Abuse**

Below are summaries of the health risks and the signs and symptoms associated with illicit drug use and alcohol abuse. This is an overview and not a complete list. Each individual will experience the drug in a different way depending on individual characteristics such as body size, sex, and other physical and psychological factors. (Source of drug-related information: National Institute on Drug Abuse).

### **Terminology:**

**Tolerance:** Development of body or tissue resistance to the effects of a chemical so that larger doses are required to reproduce the original effect.

**Withdrawal:** Physical or emotional signs of discomfort related to the discontinued use of a substance.

**Psychological Dependence:** A tendency for repeated or compulsive use of an agent because its effects are considered pleasurable or satisfying, or because it reduces undesirable feelings.

**Physical Dependence:** Adaptation of body tissue to the continued presence of a chemical, revealed in the form of serious, even life-threatening withdrawal symptoms. The extent of physical dependence and the severity of withdrawal vary by drug and by amount, frequency, and duration of use. While physical dependence can complicate the process of cessation of use, it is the psychological relationship with a substance that often proves more difficult to alter.

### **Alcohol**

Alcohol is a central nervous system (CNS) depressant that alters a variety of activities in the brain. When used to excess, it can produce anesthesia, coma, respiratory depression, and death. Regular or heavy use of alcohol carries a high risk of psychological and physical dependence. Tolerance develops to its depressant effects, and withdrawal symptoms occur within a few hours of heavy use contributing to the hangover symptoms suffered by many drinkers.

The average person can safely metabolize one standard drink per hour. Binge drinking, which involves consuming large quantities over a short period of time, is especially dangerous because so much alcohol enters the bloodstream that vital body systems may shut down. **Signs that may**

**indicate overdose include: cold, clammy, pale or bruised skin, abnormally slow breathing, unconsciousness and vomiting while sleeping or passed out. Immediate medical attention should be sought for anyone exhibiting these symptoms.**

Short-term risks of alcohol use may include: impaired judgment, poor motor coordination, emotional instability, increased aggression, and risk of death by overdose (alcohol alone or in combination with other drugs).

Long term risks of alcohol use may include: irreversible damage to brain, liver, pancreas, kidneys; memory problems and nutritional deficiencies and high risk of fetal damage – so much so that, by law, alcohol producers must add warning labels to their bottles cautioning women against use during pregnancy.

Alcoholic withdrawal symptoms, when they occur, set in about three hours after the last drink. Early signs include tremors, nausea, anxiety, perspiration, cramps, hallucinations and hyper-reflex reactions.

A second phase of withdrawal, beginning within 24 hours, can involve convulsions. The most severe form of withdrawal—delirium tremens (“DT’s”)—involves dangerously high fever, rapid heartbeat, hallucinations and delirium. Death can result from cardiac failure. Alcoholic withdrawal is considered more life-threatening than withdrawal from heroin. Because of the risk of complications, particularly in the DT phase, withdrawal following extensive, long-term use should only be attempted under medical supervision.

### **Marijuana**

Marijuana can produce stimulant, depressant and/or hallucinogenic effects depending on the dose. The active chemical ingredient is tetrahydrocannabinol (THC). Marijuana raises heart rate, lowers blood pressure, and causes reddening of the eyes. At low to moderate dosages, effects last from two to three hours and can range from euphoria and giddiness to mild lethargy. Perceptual changes such as paranoia and feelings of heightened sensitivity may occur. High dose effects can simulate the perceptual and cognitive changes associated with more potent hallucinogens, including those prompting panic attacks. Since the drug’s effects on performance—particularly on tracking ability and reaction speed—can last hours after intoxicating effects fade, marijuana use can pose significant safety risks. High dose or regular use can lead to the development of tolerance. In addition, marijuana may cause problems in learning and social development for adolescent users.

Research has suggested numerous health risks associated with smoking marijuana. These include: risk of lung damage, impaired memory and concentration, impaired immune system functioning, problems with motivation, and effects on fertility. Pregnancy-related effects can include higher levels of miscarriage, stillbirths, and low birth-weight babies, as well as problems in nervous system development in fetuses.

The use of marijuana is more likely to produce a psychological dependence than a physical one. However, long-term or heavy use can result in a withdrawal syndrome characterized by irritability, depression, sleep disturbances, and decreased appetite. This syndrome, whether termed physical or psychological, can complicate the process of cessation of marijuana use.

### **Cocaine and Crack**

Cocaine and its derivative Crack produce dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. They may also cause insomnia, loss of appetite, tactile hallucinations, paranoia, seizure and death.

Cocaine is a powerfully addictive drug of abuse. Once having tried cocaine, an individual cannot predict or control the extent to which he or she will continue to use it. The major routes of administration of cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine). Compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. The injecting drug user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared.

Cocaine is a strong central nervous system stimulant. Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased body temperature, heart rate, and blood pressure. Cocaine's immediate euphoric effects include hyper-stimulation, reduced fatigue, and mental clarity. An appreciable tolerance to the high may be developed, and many addicts report that they fail to achieve as much pleasure as they did from their first exposure. Increased use can also reduce the period of stimulation. Some users of cocaine report feelings of restlessness, irritability, and anxiety. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed. This also may lead to further cocaine use to alleviate depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest. Mixing cocaine and alcohol compounds the danger of each drug separately.

### ***Prescription Drugs and Pain Medications***

#### **Opioids**

These drugs are often prescribed to treat pain. Among those that fall within this class - sometimes referred to as narcotics - are morphine, codeine, oxycodone (OxyContin); propoxyphene (Darvon); hydrocodone (Vicodin); hydromorphone (Dilaudid); and meperidine (Demerol). In addition to relieving pain, opioids can affect regions of the brain that mediate what we perceive as pleasure, resulting in the initial euphoria that many opioids produce. They can also produce drowsiness and cause constipation. Taking a large single dose of these drugs, or combining them with other substances such as alcohol, antihistamines, barbiturates, or benzodiazepines, could cause severe respiratory depression or be fatal.

Chronic use of opioids can result in tolerance to the drugs so that higher doses must be taken to obtain the same initial effects. Long-term use also can lead to physical dependence - the body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced abruptly. Symptoms of withdrawal can include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and involuntary leg movements.

#### **Central Nervous System (CNS) Depressants**

These drugs slow down normal brain function and are used to treat anxiety and sleep disorders. In higher doses, some CNS depressants can become general anesthetics. CNS depressants can be divided into two groups, based on their chemistry and pharmacology:

- Barbiturates, such as mephobarbital (Mebaral) and pentobarbital sodium (Nembutal), which are used to treat anxiety, tension, and sleep disorders; and
- Benzodiazepines, such as diazepam (Valium), chlordiazepoxide HCl (Librium), alprazolam (Xanax), triazolam (Halcion), and estazolam (ProSom) which can be prescribed to treat anxiety, acute stress reactions, panic attacks, or sleep disorders.

CNS depressants can be addictive and should be used only as prescribed. They should not be combined with any medication or substance that causes sleepiness, including prescription pain medicines, certain over-the-counter cold and allergy medications, or alcohol. The effects of the drugs can combine to fatally slow breathing and heart rate. Discontinuing prolonged use of high doses of CNS depressants can lead to withdrawal and a rebound in previously slowed brain activity to the point that seizures can occur.

#### **Stimulants**

Stimulants are a class of drugs that enhance brain activity - they cause an increase in alertness, attention, and energy that is accompanied by increases in blood pressure, heart rate, and respiration. Stimulants are prescribed for treating only a few health conditions, including narcolepsy, attention-

deficit hyperactivity disorder (ADHD), and depression that has not responded to other treatments. Stimulants may also be used for short-term treatment of obesity, and for patients with asthma. Taking high doses of a stimulant can result in an irregular heartbeat, dangerously high body temperatures, and/or the potential for cardiovascular failure or lethal seizures. Taking high doses of some stimulants repeatedly over a short period of time can lead to hostility or feelings of paranoia in some individuals. Mixing stimulants with antidepressants or over-the-counter cold medicines containing decongestants may cause blood pressure to become dangerously high or lead to irregular heart rhythms. When misused, stimulants can be addictive.

### **Over the Counter Drugs**

Diet Pills, Dextromethorphan (DXM) and dietary supplements are among those substances that can be misused and abused. Abuse of DXM, found in some cough medicines, can cause mental confusion and excitement, respiratory depression, hallucinations, and possible psychosis. Taking DXM in conjunction with alcohol can further depress breathing and cause vomiting. Products sold in health food stores can contain drugs. These products may not be regulated for safety by the Food and Drug Administration and therefore should be used cautiously. Dietary supplements and some so-called "smart drugs" like DHEA, chromium picolinate, melatonin and ephedra (Herbal Ecstasy or Mahuang) have all been touted as having remarkable powers. These advertising claims are not supported by substantive research. Ephedra has been linked to numerous deaths nationwide.

### **Heroin**

Heroin is a highly addictive drug that can be injected, snorted, or smoked. Heroin is processed from morphine, a naturally occurring substance extracted from the seedpod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names for heroin include "smack," "H," "skag," and "junk."

Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

With regular heroin use, tolerance develops. This means the abuser must use more heroin to achieve the same intensity or effect. As higher doses are used over time, physical dependence and addiction develop. With physical dependence, the body has adapted to the presence of the drug and withdrawal symptoms may occur if use is reduced or stopped.

Withdrawal, which in regular abusers may occur as early as a few hours after the last administration, produces drug craving, restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps ("cold turkey"), kicking movements ("kicking the habit"), and other symptoms.

### **Methamphetamine**

Methamphetamine is an addictive stimulant drug. It is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk." Methamphetamine hydrochloride,

clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as "ice," "crystal," and "glass."

Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly to methamphetamines, and use it with increasing frequency and in increasing doses.

Animal research going back more than 20 years shows that high doses of methamphetamine damage neuron cell endings. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

### **LSD**

Commonly referred to as "acid", LSD (lysergic acid diethylamide) is sold on the street in tablets, capsules, and, occasionally, liquid form. It is odorless, colorless, and has a slightly bitter taste and is usually taken by mouth. Often LSD is added to absorbent paper, such as blotter paper, and divided into small-decorated squares, with each square representing one dose.

The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. Some LSD users experience severe, terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair while using LSD. Some fatal accidents have occurred during states of LSD intoxication. Many LSD users experience flashbacks - recurrences of certain aspects of a person's experience - without the user having taken the drug again. A flashback occurs suddenly, often without warning, and may occur within a few days or more than a year after LSD use. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depression. Like many of the addictive drugs, LSD produces tolerance, so some users who take the drug repeatedly must take progressively higher doses to achieve the state of intoxication that they had previously achieved. This is an extremely dangerous practice, given the unpredictability of the drug.

### **Steroids (Anabolic-Androgenic)**

Anabolic-androgenic steroids are man-made substances related to male sex hormones. These drugs are available legally only by prescription. They are used to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. Steroids are also used to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass. Abuse of anabolic steroids, however, can lead to serious health problems, some irreversible. Major side effects from abusing anabolic steroids can include liver tumors and cancer, jaundice (yellowish pigmentation of skin, tissues, and body fluids), fluid retention, high blood pressure, increases in LDL (bad cholesterol), and decreases in HDL (good cholesterol). Other side effects include kidney tumors, severe acne, and trembling. In addition, there are some gender-specific side effects: For men--shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, and increased risk for prostate cancer. For women--growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, and deepened voice. For adolescents--growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt. In

addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver.

Scientific research also shows that aggression, extreme mood swings, including manic-like symptoms leading to violence, and other psychiatric side effects such as paranoid jealousy, extreme irritability, delusions, and impaired judgment stemming from feelings of invincibility may result from abuse of anabolic steroids. Depression often is seen when the drugs are stopped and may contribute to dependence on anabolic steroids. Research also indicates that some users might turn to other drugs to alleviate some of the negative effects of anabolic steroids.

### **Club Drugs**

MDMA (Ecstasy), Rohypnol, GHB, and Ketamine are among the drugs used by some young adults who participate in a nightclub, bar, rave, or trance scene. Raves and trance events are generally night-long dances, often held in warehouses. Many who attend raves and trances do not use drugs, but those who do may be attracted to the generally low cost, seemingly increased stamina, and intoxicating highs that are said to deepen the rave or trance experience. Current science, however, is showing change to critical parts of the brain from use of these drugs. Also, in high doses most of these drugs can cause a sharp increase in body temperature (malignant hyperthermia) leading to muscle breakdown and kidney and cardiovascular system failure.

### **MDMA (Ecstasy)**

MDMA is a synthetic, psychoactive drug with both stimulant (amphetamine-like) and hallucinogenic (LSD-like) properties. Street names for MDMA include Ecstasy, Adam, XTC, hug, beans, and love drug. Its chemical structure is similar to methamphetamine, methylenedioxyamphetamine (MDA), and mescaline, synthetic drugs known to cause brain damage. MDMA usually is taken in pill form, but some users snort it, inject it, or use it in suppository form.

Many problems MDMA users encounter are similar to those found with the use of amphetamines and cocaine. Psychological difficulties can include confusion, depression, sleep problems, severe anxiety, and paranoia. Physical problems can include muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating. Use of the drug has also been associated with increases in heart rate and blood pressure, which are special risks for people with circulatory or heart disease. Recent research also links MDMA use to long-term damage to those parts of the brain critical to thought, memory, and pleasure. Content of MDMA pills varies widely, and may include caffeine, dextromethorphan, heroin, and mescaline. In some areas of the country, the MDMA-like substance paramethoxyamphetamine (PMA) has been involved in the deaths of people who mistakenly thought they were taking true MDMA. The deaths were due to complications from hyperthermia.

### **Rohypnol, GHB, and Ketamine**

Rohypnol, GHB, and ketamine are predominantly central nervous system depressants. Because they are often colorless, tasteless, and odorless, they can be added to beverages and ingested unknowingly. These drugs emerged a few years ago as "date rape" drugs. Because of concern about their abuse, Congress passed the "Drug-Induced Rape Prevention and Punishment Act of 1996", which increased Federal penalties for use of any controlled substance to aid in sexual assault.

### **Rohypnol ("rophies," "roofies," "roach," and "rope.")**

Rohypnol, a trade name for flunitrazepam, has been of particular concern for the last few years because of its abuse in date rape. It belongs to the class of drugs known as benzodiazepines. When mixed with alcohol, Rohypnol can incapacitate victims and prevent them from resisting sexual assault. Individuals may not be able to remember events they experienced while under the effects of the drug. Also, Rohypnol may be lethal when mixed with alcohol and/or other depressants. Rohypnol is not approved for use in the United States, and its importation is banned.

### **GHB**

GHB (gamma hydroxybutyrate) is abused for euphoric, sedative, and anabolic (body building) effects. It is a central nervous system depressant that was widely available over-the-counter in health food stores during the 1980s and until 1992. It was purchased largely by body builders to aid fat reduction and muscle building. Street names include Liquid Ecstasy, Soap, Easy Lay, and Georgia Home Boy. Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. GHB has been involved in poisonings, overdoses, date rapes, and deaths.

### **Ketamine ("Special K", "vitamin K")**

Ketamine is an anesthetic used with both humans and animals in medical settings; about 90 percent of the ketamine legally sold is intended for veterinary use. It can be injected or snorted. Certain doses of ketamine can cause dream-like states and hallucinations, and it has become common in club and rave scenes and has been used as a date rape drug. At high doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems.

### **Inhalants**

Inhalants are breathable chemical vapors that produce psychoactive (mind-altering) effects.

Inhalants fall into the following categories:

#### **Solvents**

Industrial or household products (paint thinners, degreasers (dry-cleaning fluids), gasoline, and glues); and art or office supplies (correction fluids, felt-tip-marker fluid, and electronic contact cleaners);

#### **Gases or aerosol propellants**

Used in household or commercial products, including butane lighters and propane tanks, whipping cream aerosols or dispensers (whippets), and refrigerants, spray paints, hair or deodorant sprays, and fabric protector sprays; and medical anesthetic gases, such as ether, chloroform, halothane, and nitrous oxide (laughing gas);

#### **Nitrites**

Aliphatic nitrites, include cyclohexyl nitrite, which is available to the general public; amyl nitrite, which is available only by prescription; and butyl nitrite, which is now an illegal substance.

Although different in makeup, nearly all abused inhalants produce effects similar to anesthetics, which act to slow down the body's functions. When inhaled via the nose or mouth into the lungs in sufficient concentrations, inhalants can cause intoxicating effects. Initially, users may feel slightly stimulated; with successive inhalations, they may feel less inhibited and less in control; finally, a user can lose consciousness. Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. This is especially common from the abuse of fluorocarbons and butane-type gases. High concentrations of inhalants also cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system so that breathing ceases. Other irreversible effects caused by inhaling solvents include hearing loss, limb spasms, central nervous system or brain damage, and bone marrow damage. Death from inhalants usually is caused by a very high concentration of fumes. Deliberately inhaling from a paper or plastic bag or in a closed area greatly increases the chances of suffocation. Amyl and butyl nitrites have been associated with Kaposi's sarcoma (KS), the most common cancer reported among AIDS patients.

#### **PCP (Phencyclidine)**

PCP was developed as an intravenous anesthetic, but its use was discontinued because patients often became agitated, delusional, and irrational while recovering from its effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as "angel dust," "ozone," "wack," and "rocket fuel." "Killer joints" and "crystal supergrass" are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally used in one of three ways: snorted, smoked, or eaten. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

PCP is addicting; that is, its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, and flushing and profuse sweating occur. Generalized numbness of the extremities and lack of muscular coordination also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process. At high doses of PCP, there is a drop in blood pressure, pulse rate, and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death. Psychological effects at high doses include illusions and hallucinations. PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled. People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.

## **STANDARDS OF CONDUCT**

The Institution community must adhere to a code of conduct that recognizes the unlawful manufacture, sale, delivery, unauthorized possession, or use of any illicit drug is prohibited on property owned or otherwise controlled by American Institute. If an individual associated with the institution is apprehended for violating any drug or alcohol related law when on Institution property, or participating in a Institution activity, the Institution will fully support and cooperate with federal and state law enforcement agencies. Underage possession and/or consumption of alcoholic beverages are not permitted on property owned or controlled by the institution and the state laws will be enforced.

Also, intentionally or knowingly selling, or intentionally or knowingly furnishing alcoholic beverages to persons under the age of 21, or to persons obviously inebriated, is not permitted on property owned or controlled by the institution.

## **Federal financial Aid Penalties for Drug Violations**

Federal guidelines focus strongly on illicit drug use and distribution. The Higher Education Opportunity Act (HEOA) states students convicted for an illicit drug violation can be denied federal financial aid for a specific period, in addition to other legal penalties. Federal financial aid includes

- Federal Pell Grant
- Academic Competitiveness Grant (ACG)
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- Federal Stafford Direct Loan (DL) Program
- Federal Stafford Direct Parent Loan for Undergraduate Student (PLUS)
- Federal Stafford Direct PLUS loans for Graduate and Professional Degree Students
- Federal Work Study (FWS)

## **PENALTIES FOR DRUG CONVICTIONS:**

### **Possession of Illegal Drugs:**

- First Offense: Loss of eligibility for federal financial aid for one year from the date of conviction.
- Second Offense: Loss of eligibility for federal financial aid for two years from the date of conviction.
- Third and Subsequent Offenses: Indefinite ineligibility for federal financial aid, from the date of conviction.

### **Sale of Illegal Drugs:**

- First Offense: Loss of eligibility for federal financial aid for two years from the date of conviction.
- Second and Subsequent Offenses: Indefinite ineligibility from the date of conviction.

More information about federal penalties and sanctions is located at [usdoj.gov/dea/agency/penalties.htm](http://usdoj.gov/dea/agency/penalties.htm).

### **How to Regain Eligibility**

Students can regain eligibility for federal student aid funds upon successful completion of a qualified drug rehabilitation program that must:

- Include at least two unannounced drug tests  
AND
- Have received or be qualified to receive funds directly or indirectly under a Federal, State, or local government program.

### **Free Application for federal student Aid (FAFSA)**

Question 23 on the FAFSA asks students if they have been convicted of a drug-related offense. Failure to answer the question automatically disqualifies students from receiving federal financial aid. Answering this question falsely could result in fines up to \$20,000, imprisonment, or both.

### **Convictions during Enrollment**

Federal regulations require enrolled students convicted of a drug offense after receiving federal financial aid, to notify Financial Aid Services immediately, become ineligible for further federal financial aid, and repay federal financial aid received after the conviction.

### **Institutional sanctions for Alcohol and Drug Violations**

Any member of the Institution community found consuming or selling alcohol or drugs on Institution property shall be subject to discipline on a case-by-case basis.

- Discipline will be based on the seriousness of the situation
- A case may result in dismissal from the Institution
- In all cases, the Institution will abide by local, state and federal sanctions regarding unlawful possession of drugs and the consumption of alcohol.
- Additional state penalties and sanctions may also apply
- The Institution has adopted a zero tolerance policy regarding underage drinking

### **Treatment and Counseling**

Any persons who may be abusing illegal drugs and/or alcohol are encouraged to contact the following agencies for assistance in seeking rehabilitation programs:

#### **Orange County First Call for Help**

**Dial: 211**

#### **Broward Addiction Recovery Center (BARC)**

**(954) 831-1579**

***24 hour contact number***

In addition to these initial contact resources, the table below features facilities and programs that offer treatment options. American Institute strongly encourages students, faculty and staff members that may have substance or alcohol abuse issues to utilize these resources.

#### **The Treatment Center**

424 E CENTRAL BLVD #216,

ORLANDO, FL 32801

(407) 434-9431