

Long Term Care

Undergraduate Certificate in Long Term Care (15 weeks) Gainful Employment Disclosure

The following information must be disclosed to you as required by the U.S. Dep't of Education. You must acknowledge receipt of this information prior to signing any enrollment agreement, completing registration, or making any financial commitment to ICC.

Students graduating on time: 0% of Title IV students complete the program within 15 weeks¹

Program Costs*

\$2,560 for in-state tuition and fees

\$2,700 for out-of-state tuition and fees

\$200 for books and supplies

\$6,500 for off-campus room and board

\$7,550 for on-campus room and board

Other Costs: No other costs provided.

Visit Website for more program cost information: www.indycc.edu/areas-of-study/career-and-technical/allied-health

*The amounts shown above include costs for the entire program, assuming normal time to complete. Note this information is subject to change.

Students Borrowing Money:

0% of students who attend this program borrow money to pay for it.²

The typical graduate leaves with: N/A* in debt³

*fewer than 10 students enrolled in this program. This number has been withheld to preserve the confidentiality of the students.

The typical monthly loan payment: N/A* per month in student loans with **N/A*** interest rate⁴

*fewer than 10 students enrolled in this program. This number has been withheld to preserve the confidentiality of the students.

The typical graduate earns: \$16,093 per year after leaving this program⁵

Graduates who got jobs

N/A* of program graduates got jobs

*We are not currently required to calculate a job placement rate for program completers.

Program Graduates are employed in the following fields:

Nursing Assistants: <http://onetonline.org/link/summary/31-1014.00>

Licensure Requirements⁶

This program meets licensure requirements in Kansas*

*State requires students to sit for licensure EXAM

Additional Information: No additional notes provided.

Student Name (print): _____

OFFICE USE ONLY: (print + initial)

Signature: _____

Received by: _____

Date: _____

E-Mail Read Receipt: (attach, if applicable)

This document must be returned to the Office of Admissions for imaging and recording