entrust np

Prove clinical judgment out loud.

ADAPTIVE CLINICAL EDUCATION FOR NURSE PRACTITIONERS

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entrustnp.com

B2B + B2C

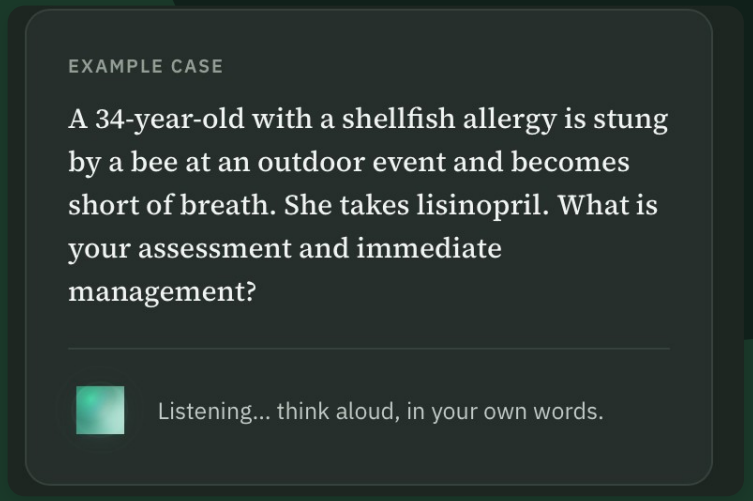
WHAT WE DO

Entrust NP is where nurse practitioners prove clinical judgment out loud.

Instead of multiple choice, NPs talk through real clinical scenarios — the same way they'd explain their reasoning to a preceptor — and get scored against a rubric built for patient safety, not paperwork.

One engine: hospital hiring and training + individual CE.

THE PRODUCT



A live case: the NP thinks aloud, and it's scored against the rubric in real time.

THE PROBLEM

B2B + B2C

There's no standardized way to know if a new NP is ready.

Picture it: a new NP, on her own for the first time, facing a patient who doesn't fit the textbook. Whether she's ready depends on her program and who precepted her — not a standard.

Get it wrong and hospitals don't just risk patient safety — they lose the NP too. Turnover is the cost you can actually put a number on.



NP graduates grew 50% in five years, to about 39,000 in 2022. Training hasn't kept pace.

$187,500
Median total cost to replace one NP or PA

39–53%
Of NP programs meet the 750-hour clinical training standard

37%
Of NP malpractice claims involve diagnosis, the largest category

Sources: SullivanCotter, APP Turnover (2025); NONPF APRN education panel, NCSBN (2025); NSO/CNA NP Liability Claim Report, 5th ed. (2022); AANP via Bloomberg (2024)

THE SOLUTION

B2B + B2C

Adaptive Clinical Assessment

Built to go wherever a busy NP already is — not to add another course to their week.

Speak it, don't click it

Clinical vignettes, answered out loud — the same clinical reasoning an NP already does at the bedside, not another video to sit through.

Anywhere, on any device

Phone, tablet, or laptop, between patients or on a break — a full case takes minutes, so it fits around a shift or an interview day.

Built on EPAs

The same Entrustable Professional Activities framework graduate medical education already uses for physicians.

Pass/fail safety calls

A small set of safety-critical calls are scored pass/fail on their own — a strong score elsewhere can't average away a dangerous miss.

TRACTION

The content is built. Pilots are next.

This is a pre-pilot raise. An honest overview of what we have accomplished so far with nothing overstated.



25 Emergency Department topics built

From stroke and sepsis to overdoses and endocrine emergencies — each with two true-diagnosis cases and one look-alike, 75 cases drafted to current guidelines.

The demo already works

The right questions plus straightforward grading already make a session useful, before any upgrade to a top-tier speech or language model.

Revenue targeted in 3–6 months

The raise funds clinical sign-off and launch, so first revenue from hospital licenses and CE can start within 3–6 months.

Pre-revenue today

This raise funds the step from built to clinically validated — not from validated to scaled.

GO-TO-MARKET

Traction through institutions. Marketed to individuals.

B2B

Screen and train new NPs

Why now: replacing one NP costs about $187,500, and every unready hire adds to that cost and to patient risk. Today readiness rests on an interview and preceptor opinion.

A paid license for a standardized clinical check at the two moments that decide whether a new NP works out.

- Hiring: a 25-minute spoken interview, two cases, one report
- Training: pass/fail safety checkpoints before independent practice
- Feeds B2C: opt-in candidate feedback links to our CE courses as interview prep

Source: SullivanCotter, APP Turnover: A Costly Reality (2025)

B2C

Sell direct to NPs

Why now: NPs must log 75–100 CE hours every 5 years (ANCC / AANPCB) just to keep their certification active — a mandatory, recurring cost, not optional enrichment.

Proprietary CE modules, built on the same engine, sold straight to individual nurse practitioners.

- $35 / hour, pay only for what's used
- Starting specialties: Emergency Department, Critical Care, Urgent Care
- Every hospital interview brings in new NPs

Source: AANPCB Recertification Handbook; ANCC Certification Renewal Handbook

THE HIRING INTERVIEW

B2B

One 25-minute interview. A report you can act on.

INTERVIEW

For the candidate

One single-use link, taken anytime within 72 hours on any device. Two spoken cases: one real emergency, one look-alike.

Follow-ups probe anything missed; new findings arrive midway.

- The hospital picks the topics, from presets or its own pool
- No names and no stored audio; NPI checked against the registry
- Scores clinical judgment only, never accent or fluency

Decision support only: the hospital makes every hiring call

REPORT

For the hiring team

Critical misses first, then accuracy, time to critical action and reasoning, side by side across candidates.

Plus three questions for the in-person interview.

- Hire, then onboard: gaps become the orientation plan
- 90-day reassessment on alternate cases shows growth
- Opt-in candidate feedback links to our CE courses

13 academic centers and APP fellowships contacted for pilots

MARKET OPPORTUNITY

B2B + B2C

A large market, sized from the ground up.

Bottom-up, not a top-down guess: real workforce and hospital-count data, with pricing modeled as a range.

385,000+
Licensed nurse practitioners in the U.S.

27
Full-practice-authority states

$314M
Base-case modeled annual opportunity

$63M – $1.09B

Combined TAM range across practitioner and institutional segments — conservative to aggressive, depending on pricing and scope assumptions.

Future expansion: 201,038 board-certified physician assistants (NCCPA, 2025) are a natural next market — the same practitioner-tier pricing model adds an estimated $6M–$80M in incremental TAM if the platform extends beyond NPs.

Sources: AANP workforce data, BLS occupational projections, AHA hospital fast facts, NCCPA 2025 Statistical Profile of Board Certified PAs

B2C

Built like Duolingo. Priced against Hippo.

Duolingo proved that short, active, spoken practice keeps people coming back. We bring that model to clinical judgment, while Hippo Education and ThriveAP still sell lecture video in bundled subscriptions.

	Competitor subscriptions	Entrust NP
Format	80–161 hrs bundled, flat annual fee	**Pay-per-hour, only what's used**
List price	$995 – $2,770 / year	**$525–700 / year, full requirement met**
An NP needs 15–20 hrs/yr (ANCC / AANPCB) to meet requirements	~$50–66 effective per hour actually needed	**$35 / hour**
How it’s used	Lecture and bootcamp video, watched	**Spoken cases in minutes, like Duolingo**

Pay for what you use, not what's bundled.

98%

Estimated gross margin

A $35 hour costs about $0.65 to deliver: room to invest in growth, and still the cheapest hour for NPs.

Modeled at current vendor list prices, ~4 cases per hour. See appendix.

COMPETITION: HIRING

B2B

Hospitals buy hiring tests. None test NP judgment.

Pre-hire nursing tests (Relias, formerly Prophecy) and AI video interviews (HireVue) are already in hospitals. They are built for nurses or for any job, not for NPs making independent clinical calls.

	Relias Assessments, HireVue	Entrust NP
Built for	Nurses, allied health, or any job	**NPs making independent calls**
What the candidate does	Fixed tests or recorded video	**Talks through cases; AI follows up**
What gets scored	Knowledge, traits, a recruiter's read	**Clinical judgment, pass/fail safety**
After the hire	Separate onboarding and CE vendors	**Same engine for onboarding and CE**

A spoken clinical interview built for NPs.

1,500

Hospitals already buy from Relias

The budget for pre-hire testing exists. An NP-specific test of clinical judgment does not.

Relias press release (2017); Relias and HireVue product pages, Oct 2026.

WHY WE WIN

Others train students.
We prove clinicians are ready.

TODAY

What's true now

School simulation tools (Aquifer, Body Interact, MedAscend, Oscer) sell practice cases to programs, for students.

We sell a readiness check to hiring hospitals and practicing NPs.

- A test, not practice: one missed critical call fails the case
- Cases tailored to hospital protocols, so it becomes their onboarding
- CE hours NPs already need, once accredited

Competitor details from company websites, October 2026

NEXT

What we're building

Every hospital and every NP that joins makes the moat deeper — and a school vendor can't collect either.

Each pilot adds evidence and users that compound.

- A portable readiness record NPs carry to every interview
- Proof our scores predict on-the-job performance and retention
- A daily practice habit for a whole career, the Duolingo way

Evidence collection starts with the first hospital pilots

THE ASK

$230K

to bring Entrust NP to market



Team (lean)	$73K
Part-time clinical validation support	$50K
Production AI / infra	$20K
California TikTok launch (~20 creators)	$20K
CE accreditation (CA BRN + ANCC)	$8K
Legal	$8K
Buffer	$51K

What this buys, in 3–6 months

- Engine finished: scoring, pass/fail gating, follow-ups, hiring report
- First validated pilots with named hospital partners
- CE accreditation live in California, ANCC in progress
- First B2C cohort acquired via a focused California launch

Capital-efficient by design. We target first revenue within 3–6 months, and raise a Series A once there's real usage to raise against.

APPENDIX

Sources & backup

- NP workforce: AANP, “NP Profession Grows to 385,000 Strong” (2023)
- Workforce growth: BLS occupational employment projections, 2022–2032
- Hospital counts: AHA, Fast Facts on U.S. Hospitals (2026)
- PA workforce: NCCPA, 2025 Statistical Profile of Board Certified PAs — 201,038 PAs (published 2026)
- NP/PA turnover and replacement cost: SullivanCotter, “APP Turnover: A Costly Reality” (2025) — median 8.6% turnover, >14% in emergency medicine
- NP training variation: NONPF, APRN education panel at NCSBN (2025) — 39.6–53% of programs meet the 750-hour standard; 96% of emergency NPs surveyed are FNPs (AANPCB 2016 ENP Practice Analysis)
- NP diagnosis claims: NSO/CNA, Nurse Practitioner Liability Claim Report, 5th ed. (2022) — 37.1% of claims
- NP graduate growth: AANP data via Bloomberg Businessweek (2024) — ~39,000 graduates in 2022, +50% since 2017
- EPA framework, advanced practice nursing: Zhou W, et al., “Development of entrustable professional activities for advanced practice nurses education,” Nurse Educ Today, 2022
- EPA framework, NP emergency care: Hoyt KS, Ramirez EG, Proehl JA, “Making a Case for Entrustable Professional Activities for Nurse Practitioners in Emergency Care,” Adv Emerg Nurs J, 2017
- CE hour requirements: AANPCB Recertification Handbook (100 hrs / 5 yrs); ANCC Certification Renewal Handbook (75 hrs / 5 yrs)
- CE allowance benchmarks: ThriveAP (“How Much CE Allowance Should NPs Expect”); BoardVitals CE Allowance guide
- Competitor pricing: Hippo Education (Primary Care Bootcamp: Adult, live pricing); ThriveAP Upskilling (live pricing). Hiring tools: Relias Assessments and HireVue product pages (Oct 2026); Relias press release, 2017 (~1,500 hospitals)
- CE accreditation fees: ANCC Accreditation Fees page; AANP Accreditation Fee Schedule
- CA BRN CEP program: California Board of Registered Nursing, Apply for a CEP Number
- TAM build-up: Entrust NP internal bottom-up model (available on request)
- PA expansion TAM: modeled on the NCCPA 2025 PA count using the same practitioner-tier pricing scenarios as the NP TAM build-up
- Clinical content status: Entrust NP internal ED FNP question bank — 25 topics, 75 cases drafted; DRAFT / unvalidated pending named clinical-advisor sign-off
- Business-model comp: HealthStream Inc., FY2025 revenue disclosure ($304.1M) — closest public comp in clinical workforce education software
- Gross margin estimate: ~$0.65 to deliver one hour at Sept 2026 list prices (ElevenLabs speech-to-text and text-to-speech, Google Gemini 3.5 Flash, AWS Lambda), assuming ~4 cases per hour. Modeled; no live usage data yet

Earned.
Entrusted.

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