CARDIOPATHWAY

Cardiovascular Workforce Development

Stop renting your cath & EP lab. Build it.

Grow your own bench of trusted technologists — so the lab depends less on contract labor. Not anti-traveler; pro-supply.

$150K–$210K per travel cath/EP tech, per year

Short-staffed labs run two to four at once — a $300K–$800K+ annual line, living in contract labor, not education.

WHAT CARDIOPATHWAY IS

A deployable, teachable workforce-development system your own educators run — not a self-serve content library. It takes a new or cross-training tech all the way to trusted-at-the-table.

TWO TRACKS

Invasive Cardiology
RCIS-aligned

Electrophysiology
RCES-aligned

WHAT'S INCLUDED

Instructor & preceptor guides
Student workbooks · slides · videos
Module competency checkpoints
830 pp · 12 modules · 81K-word manual

THE RETURN

ONE TRAVELER / YEAR

≈ $200,000

vs

ONE LAB, FULL PROGRAM

≈ $25,000

Roughly 8 : 1 on a single displaced traveler. Avoid ~6 traveler-weeks across the year and the program is free.

✓ **Run a single-lab pilot.** One lab, one track, one onboarding cohort — measure ramp time and consistency against your status quo, then decide on the data.

Steven Chambers · Founder, CardioPathway · **Steven@cardiopathway.com** · cardiopathway.com

Cost basis: AMN/Nomad traveler pay + industry agency markup; workforce data U.S. BLS (2024). RCIS/RCES readiness & alignment — not a credentialing body; not CCI-endorsed or CAAHEP-accredited.