W A V E L E N G T H

W O R K F O R C E P R O G R A M V A L I D A T I O N

Phlebotomy Technician Certificate

Non-Credit Workforce Certificate (Illustrative Sample / Proof Piece)

Prepared for: Riverside Community College (Illustrative) — Madison, Wisconsin Metro (Dane County)
June 17, 2026 · **Prepared by:** Wavelength · hello@withwavelength.com

Workforce Program Validation Report

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> **Disclosure:** This report is an anonymized proof-of-concept deliverable. "Riverside Community College" is a fictional institution created for illustration. No real institution's internal decisions are disclosed. All competitor data, employer references, and market statistics cited are publicly available.

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1. Executive Summary

RECOMMENDATION: CONDITIONAL GO

Validation Summary

Riverside Community College is weighing whether to launch a Phlebotomy Technician Certificate — a 120-contact-hour, hybrid non-credit program preparing students for the NHA Certified Phlebotomy Technician (CPT) exam. The Madison metro (Dane County) is a healthcare-dense, high-growth market anchored by UW Health, UnityPoint Health–Meriter, SSM Health St. Mary's, and Grifols, with active phlebotomy job postings across those systems appearing on LinkedIn (248+ listings), Indeed (83+), and Glassdoor (30+) simultaneously at the time of this research. The program concept is well-matched to a

documented regional shortfall of trained, certified candidates, an aging Dane County population driving increased laboratory testing demand, and a congested incumbent competitor whose own enrollment management confirms demand exceeds supply.

The opportunity here is genuine. This is not a speculative bet — phlebotomy is one of the most persistently posted allied health roles in the Madison market, with a labor demand signal that has not softened despite multi-year program operation at Madison College. The occupation carries a 6% projected national growth rate through 2034 (BLS Occupational Outlook Handbook, 2025 edition), with approximately 18,400 openings projected nationally each year, the majority driven by worker replacement rather than net-new positions — a structural demand floor that makes this occupation unusually resilient to economic cycles. In Wisconsin, the state median wage for phlebotomists is $41,940 per year ($20.16/hour) per BLS May 2024 OEWS data, tracking closely to the national median of $41,810 ($20.10/hour) — enough to constitute a meaningful career step for most target learners but not a wage that generates the self-sustaining tuition tolerance of nursing or medical assisting programs.

What makes this moment strategically interesting is the competitive context: Madison College (Madison Area Technical College) operates the region's only formally structured phlebotomy program, and that program operates with a waiting list, managing enrollment by waitlist because demand exceeds available seats. That is an unambiguous signal that the existing supply is insufficient. The UnityPoint Health–Meriter Phlebotomy Pathways Program provides employer-funded training for committed hires only — it does not serve the general public or career changers without a pre-existing employment relationship. The gap between what is available and what the market wants is real, and Riverside has a window to own it.

The challenges are real, too, and should not be minimized. The Institutional Fit dimension is the most critical constraint: without a signed clinical partnership agreement before launch, this program simply cannot run. Phlebotomy training requires supervised venipuncture on live patients — the NHA CPT certification requires documentation of at least 30 successful venipunctures and 10 capillary sticks on live individuals. That clinical requirement cannot be satisfied in a simulated environment alone. Riverside must secure at least one clinical site agreement before announcing enrollment. The absence of existing MOUs is the single biggest execution risk in this evaluation, and it is non-negotiable.

The financial structure is favorable for CE: low ongoing fixed costs once launched, a competitive tuition of $1,950 per student that sits well below most credit-bearing competitor programs while remaining above the online-only commodity alternatives. The program's break-even sensitivity is enrollment-driven — this is a program where under-enrollment is the primary financial risk, not capital costs. A 16-student cohort running twice annually represents the realistic demand anchor the institution should plan toward, though the institution must run its own cost model with actual adjunct rates and clinical coordination costs before committing.

The verdict: this program should proceed to a structured launch planning phase, conditioned on (1) securing at least one signed clinical site agreement, (2) confirming qualified instructor recruitment or contracting, and (3) finalizing the tuition and cohort model against actual institutional cost inputs. The Tiger Team's weighted composite score is **6.65 / 10**, mapping to a **CONDITIONAL GO** under the Wavelength decision framework. The conditions are not trivial — failure to meet any one of them shifts this to Defer — but the underlying market is strong enough that resolving them is worth the institutional effort.

2. Advisory Assessment / Recommendation

Decision: CONDITIONAL GO

Confidence Level: Medium

Weighted Score: 6.65 / 10

Rationale

What tipped the scales toward Conditional Go rather than Cautious Proceed is the confluence of three signals that do not often align this cleanly: a persistent employer posting volume that has not cleared despite an active incumbent program, a named competitor on a waitlist, and active employer-funded training programs at the region's largest health system proving that employers here will invest in building the supply pipeline. You don't often find all three in a single market. When an employer is running its own training program because they can't find enough externally trained candidates, that is the clearest possible signal that a third-party training provider has room to operate.

The caution comes from the greenfield status. This institution has no employer MOUs, no confirmed clinical partnerships, no qualified instructor on payroll, and no track record in allied health CE. Each of those gaps is closable — none is structural — but each must be resolved before enrollment opens. The program's value proposition to learners depends entirely on three things: certified instruction, clinical placement, and exam preparation. Without clinical placement, Riverside cannot produce NHA-eligible graduates. Without NHA-eligible graduates, employer confidence collapses and the program dies after one cohort. There is no middle path here.

The financial score of 6/10 reflects a program structure that is viable if managed well and fragile if under-enrolled. The CE tuition model ($1,950 per student) is appropriately priced for the market — it undercuts Madison College's credit-bearing program significantly while delivering comparable preparation. But CE programs live and die by marketing efficiency and cohort fill. The institution should plan for a modest marketing investment in the first year, treat the first cohort as a pilot with active employer engagement around job placement, and evaluate continuation after cohort two.

If Riverside meets the four conditions below and launches with a 16-student cohort in Fall 2026, this program has realistic commercial viability and meaningful community benefit. If the conditions are not met, the correct call is to defer to a cycle where they can be addressed properly. Launching without clinical sites would be an institutional credibility risk that would be difficult to recover from.

Conditions for Conditional Go

Condition 1 — Clinical Site Agreement(s) in Place Before Enrollment Opens

What: A signed affiliation agreement (or MOU) with at least one regional healthcare employer allowing students to complete supervised clinical hours (minimum 40 hours of the 120-hour program) on live patients.

When: Must be executed prior to the opening of enrollment for the first cohort — no later than 90 days before the intended launch date.

How to verify: Executed agreement in hand, counter-signed by the clinical site's laboratory or HR leadership. A letter of intent does not constitute satisfaction of this condition.

Condition 2 — Qualified Instructor Confirmed

What: A contracted adjunct or part-time instructor holding current national phlebotomy certification (NHA CPT, ASCP PBT, or equivalent) with at least 2 years of clinical phlebotomy experience and documented instructional experience or demonstrated aptitude.

When: Confirmed and contracted 60 days before first cohort start.

How to verify: Signed adjunct contract, copy of current certification, review of instructional approach.

Condition 3 — Internal Cost Model Completed and Board-Approved

What: The institution's own financial model using actual adjunct rate, confirmed tuition, clinical coordination cost estimate, marketing budget, and overhead rate, reviewed and approved by the appropriate institutional authority.

When: Completed before enrollment opens for the first cohort.

How to verify: Approved financial summary on file in program development record.

Condition 4 — Cohort Minimum Established and Enforced

What: A clearly defined minimum enrollment threshold (recommended: 14 students) below which the cohort will be cancelled or rescheduled, protecting the institution from running an unviable first cohort.

When: Established before marketing begins.

How to verify: Minimum threshold documented in program launch materials and system of record.

3. Key Findings

Finding 1: The Incumbent Competitor Is Capacity-Constrained, Not Market-Leading

The Finding: Madison College's phlebotomy program operates on a waiting list, meaning demand for local phlebotomy training formally exceeds available program seats — an explicit market signal that the existing provider is not satisfying the full addressable demand.

The Evidence: Madison College (Madison Area Technical College) operates a Phlebotomist/Specimen Processor Technical Diploma that uses a waitlist admissions process because "there are typically more applicants than there are open seats in the program" (Madison College program page, accessed June 2026). The program also has a notable credential limitation: graduates are not immediately eligible for the ASCP Board of Registry exam and must first complete one year of full-time work experience before sitting for the ASCP via Route 3. The NHA CPT, by contrast, is accessible immediately after completing a qualifying program with documented venipunctures. Madison College also expanded the program to its Watertown campus in Fall 2024, a signal of regional demand.

The Implication: A waiting list is one of the most powerful demand signals available to a CE developer. It means self-reported, pre-validated learner interest is going unserved. Riverside does not need to generate demand from scratch — it needs to capture demand that already exists and cannot be served by the incumbent.

Cross-Dimensional Connections: This finding directly strengthens the Competitive Landscape score, moderates enrollment projection risk, and provides the core of the marketing message. It also informs the Learner Demand dimension: if learners are actively waiting, inquiry-to-enrollment conversion rates should exceed the CE benchmark of 10–20%.

Finding 2: The Employer Ecosystem Is Active, Fragmented, and Hiring Continuously

The Finding: The Madison metro has a deep, multi-sector phlebotomy employer base — hospital systems, plasma centers, diagnostic labs, mobile and home-draw services, and clinical research — that creates demand across shift types and employment models, reducing learner job-placement risk considerably.

The Evidence: Active postings at the time of research included roles at UW Health (multiple Clinical Labs phlebotomist positions, including a Phlebotomist Training Specialist float), UnityPoint Health–Meriter (clinic phlebotomist roles across Dane County clinic locations), SSM Health St. Mary's (inpatient phlebotomist, 40 hours/week), Grifols (donor center technician, plasma draw), BioLife Plasma Services (phlebotomist with paid training option), American Red Cross (donor center phlebotomist), Stoughton Health (lab assistant/phlebotomist per diem), and CareSend (mobile phlebotomist, PRN flexible hours).

LinkedIn showed 248+ phlebotomy-adjacent listings in the Madison metro. Indeed showed 83 direct phlebotomy listings and an overlapping 248-listing count. Glassdoor showed 30 active phlebotomist postings (June 2026).

The Implication: A diverse employer base with continuous posting across multiple care settings means Riverside's graduates will not be competing for a narrow set of openings. This is structural demand durability — not a hiring surge at one system, but baseline vacancy levels maintained across the ecosystem. Employer diversity also means the institution should be able to establish clinical site relationships with multiple employers, not just one anchor health system.

Cross-Dimensional Connections: This finding directly supports the Employer Demand dimension and anchors the Labor Market Analysis score. It also informs the marketing strategy: specific employer names can be used in student-facing materials to make job outcomes concrete and credible.

Finding 3: The NHA CPT Creates a Credential Differentiation Opportunity Against the Incumbent

The Finding: Madison College's program does not currently offer its graduates immediate eligibility for the ASCP PBT exam — the most widely recognized phlebotomy credential for hospital settings — whereas a well-structured program aligned to the NHA CPT can produce graduates who are immediately certification-eligible, creating a meaningful credential differentiation.

The Evidence: Madison College's program page explicitly states: "This program is not NAACLS accredited. You are not eligible to take the ASCP Board of Registry Exam immediately after completing the program." ASCP Route 3 eligibility requires one year of post-completion full-time work experience. By contrast, the NHA CPT requires completion of a qualifying phlebotomy program plus documentation of 30 venipunctures and 10 capillary sticks on live individuals — achievable within a 120-hour program with adequate clinical hours. Per NHA's 2025 Industry Outlook, 96% of employers require or encourage certification for phlebotomy technicians. For Riverside's graduates, being certification-eligible on graduation day — rather than one year later — is a genuine employment accelerant.

The Implication: Riverside should design the curriculum and clinical hours explicitly to the NHA CPT eligibility criteria, make that immediate exam eligibility a primary marketing message, and consider bundling the NHA exam fee ($125–$129) into the program cost or offering it as a visible add-on. "Graduate certification-ready, not certification-waiting" is a tagline with real employer resonance.

Cross-Dimensional Connections: This finding links the Curriculum Design and Competitive Landscape dimensions. It also informs the Employer Demand dimension — instructors and program directors should validate this credential preference with target employer HR contacts during pre-launch outreach.

Finding 4: Dane County's Healthcare Workforce Shortage Is Institutionally Recognized and Actively Funded

The Finding: The Madison metro's healthcare sector has a publicly acknowledged workforce shortage, with UnityPoint Health–Meriter investing in its own phlebotomy training program (the Pathways Program) and collaborating with Madison College on allied health education — a signal that employers see training investment as a strategic necessity, not a nice-to-have.

The Evidence: UnityPoint Health–Meriter operates the Phlebotomy Pathways Program, which "funds education, supplemental income, and clinical training" for phlebotomy trainees and includes a 12-month post-completion work agreement (Meriter Pathways Program page, accessed June 2026). The program's starting compensation is $18.32/hour during training. Meriter is also constructing a multi-million dollar education center along the Beltline, described in Madison-area coverage as a response to the mounting

regional healthcare worker shortage (madison.com, November 2025). This employer-funded training is not a competitor to Riverside's program — it serves only committed Meriter hires. It does, however, confirm that employers here are willing to invest in the pipeline, which is the prerequisite for contract training and clinical site MOU conversations.

The Implication: Riverside should approach Meriter, UW Health, SSM Health, and Grifols not just as potential clinical site partners but as potential contract training clients. If any of these employers would be willing to sponsor a dedicated cohort for their own pipeline — similar to the Meriter Pathways model but operated by the college — this could transform the financial profile of the program from open-enrollment CE to employer-guaranteed revenue.

Cross-Dimensional Connections: This finding bridges the Employer Demand and Financial Viability dimensions. An employer-sponsored cohort model would substantially reduce the enrollment risk that represents the primary financial threat to the program.

Finding 5: Wisconsin WIOA ETPL Eligibility Is Achievable and Strategically Valuable for This Program

The Finding: Phlebotomy programs have demonstrably secured Wisconsin WIOA Eligible Training Program List (ETPL) status, and Riverside's non-credit program design is compatible with the ETPL eligibility framework — creating a pathway to tuition funding that would significantly expand the addressable learner population.

The Evidence: Wisconsin's DWD ETPL database contains at least two active phlebotomy program listings from Wisconsin institutions (DWD ETPL records accessed June 2026), confirming that phlebotomy training programs of this type have successfully navigated the ETPL application process. WIOA Title IB funding through Individual Training Accounts (ITAs) can cover tuition for eligible adult, dislocated worker, and youth participants when a program is ETPL-listed. Dane County's workforce population includes adults at income levels and workforce transition stages where WIOA eligibility is common. The program's alignment with occupational skills training leading to a nationally recognized credential (NHA CPT) directly meets WIOA ITA funding criteria.

The Implication: ETPL approval should be a Day 1 priority in the pre-launch planning phase. WIOA-funded enrollment could represent 20–40% of the learner population at launch and meaningfully lower the financial barrier for career changers — the most common and most motivated segment in this program's target audience. ETPL listing also makes the program visible to Wisconsin's American Job Center network, which functions as an active referral channel for workforce training.

Cross-Dimensional Connections: This finding links Regulatory & Compliance to Financial Viability (WIOA funding de-risks tuition barrier risk for learners, increasing effective conversion rates) and Target Learner Demand (expanding the reachable population beyond out-of-pocket payers).

4. Conditions for Go

Critical Success Factor 1: Clinical Site Agreement Execution

Why This Is Critical

A phlebotomy program without clinical placement is not a phlebotomy program — it is an anatomy lecture series. The NHA CPT certification, which is the primary outcome credential of this program, requires documented evidence of at least 30 successful venipunctures and 10 capillary sticks on live individuals. This cannot be met through simulation alone. Every peer institution reviewed in this

research — from Portland Community College's non-credit program (100 clinical hours) to Wake Technical Community College's 12-week program (four weeks of hospital/clinic practicum), to Lane Community College's two-term non-credit sequence — treats the clinical rotation as non-optional and as the hardest logistical piece to lock down. Riverside, as a greenfield institution with no existing healthcare relationships, must treat clinical site agreements as the long-lead-time critical path item. If this is not resolved first, nothing else matters.

The risk is not just logistical. Launching enrollment without confirmed clinical placement, then failing to place students before their certification window closes, would produce a cohort of trained but uncertifiable graduates — a reputational and potentially legal catastrophe. This is the scenario that has ended community college phlebotomy programs at peer institutions.

Current Status

As a greenfield launch, no clinical site agreements exist. This is an assumed gap, not a confirmed one — but it must be treated as Priority 1. The target employer landscape provides multiple realistic clinical site candidates: UW Health operates 80+ primary and specialty care clinics across Dane County and has a demonstrated history of partnering on workforce education initiatives; UnityPoint Health–Meriter operates a formal Phlebotomy Pathways Program and a new education center explicitly built for healthcare training; SSM Health St. Mary's is a full-service hospital with active phlebotomy hiring; Grifols is a plasma collection center with ongoing phlebotomy staffing needs; American Red Cross maintains a blood donation center operation in Madison.

How to Achieve It

Months 1–2: Identify the workforce development, laboratory director, or HR contact at each target employer. Use the fact of the Madison-area healthcare workforce shortage as the opening — "we are building a program to expand your pipeline, and we need your help to do it." The ask is a clinical affiliation agreement, not a contract. The value exchange is straightforward: Riverside provides a trained, background-cleared, immunization-verified student cohort; the employer provides supervised venipuncture hours at their facility. Many employers will see this as a pipeline investment, particularly given the active Meriter Pathways precedent.

Key MOU clauses to include: (1) Minimum clinical hours commitment per student (40 hours minimum); (2) Student supervisory requirements (qualified phlebotomist or lab supervisor); (3) Background check and immunization verification pass-through (students complete via DISA or equivalent); (4) Mutual indemnification language; (5) Annual review and renewal clause.

Months 2–3: Negotiate and execute at least one agreement; ideally two (one hospital system, one alternative site — plasma center, reference lab, or outpatient clinic). Two agreements creates a backup if one site's capacity is reduced in a given semester.

Month 4: Finalize clinical scheduling approach and confirm supervisory personnel for the first cohort's clinical period.

How to Verify Success

Two signed, counter-executed clinical affiliation agreements in hand before enrollment opens. Not letters of intent — executed agreements.

Critical Success Factor 2: Instructor Recruitment and Contracting

Why This Is Critical

The quality of the instructor determines program outcomes more than any other design variable. Phlebotomy technique is taught hand-over-hand, and a bad technique taught early calculates forward into bad patient outcomes and failed certification exams. The instructor must hold a current national

phlebotomy certification (NHA CPT, ASCP PBT, or AMT RPT) and have clinical phlebotomy experience — not just classroom experience. For a non-credit program at a greenfield institution, the instructor also functions as the program's credibility anchor with employer partners: labs are more willing to accept student clinical placements from programs led by recognized practitioners.

The supply of qualified phlebotomy instructors in Wisconsin is thin. The Wisconsin Technical College System already employs the most credentialed practitioners in the primary technical college settings. Riverside will need to recruit from the clinical workforce itself — hospital phlebotomy supervisors, senior lab technicians, or experienced practitioners with an interest in teaching — rather than from the academic instructor pool.

Current Status

No instructor confirmed. As a greenfield program, recruitment must begin immediately.

How to Achieve It

Month 1: Build a target list of phlebotomy supervisors and senior practitioners at the target clinical employers. Informal outreach through the clinical site MOU conversations is the most effective channel — ask laboratory directors who their best practitioners are and whether any have expressed interest in teaching.

Recruiting profile: Current NHA CPT, ASCP PBT, or equivalent certification; minimum 2 years clinical phlebotomy experience; prior teaching experience preferred but not required if the candidate demonstrates instructional aptitude; availability for a part-time adjunct schedule (ESTIMATE: 65–70 instructor-led hours per cohort, concentrated in the lecture/lab portion of the 120-hour program).

Month 2: Conduct instructional skills assessment — have finalist candidates teach a brief sample lesson or demonstrate technique. Make an offer with an adjunct contract that includes: (1) course preparation stipend; (2) per-contact-hour rate for instruction; (3) clear scope-of-work delineation for clinical coordination vs. classroom instruction; (4) a certification maintenance requirement (current CPT/PBT on file at all times).

Month 3: Instructor contracted and course outline developed jointly.

How to Verify Success

Signed adjunct contract on file; copy of current national certification confirmed; curriculum outline drafted and reviewed.

Critical Success Factor 3: WIOA ETPL Application Filed and Approved

Why This Is Critical

Phlebotomy training is a natural target for WIOA ITA funding: it is short-term (under one year), leads to a nationally recognized credential (NHA CPT), produces a livable wage outcome ($20.16/hour median in Wisconsin), and serves the dislocated worker and adult learner populations that WIOA is designed to reach. With the program tuition set at $1,950, WIOA funding could cover the entire program cost for eligible learners — removing the primary financial barrier for the highest-motivated segment of the target audience. Wisconsin's ETPL already lists phlebotomy programs from at least two Wisconsin institutions, meaning the path is documented and precedented.

Current Status

Not filed. As a greenfield program, ETPL application cannot be filed until the program is structured and the institution has the required performance data pathway established. However, the pre-application groundwork can begin immediately.

How to Achieve It

Month 1: Contact Wisconsin DWD WIOA program staff (DETETPL@dwd.wisconsin.gov) to understand the current ETPL application cycle and performance reporting requirements for new programs.

Months 2–3: Complete the program design documentation required for ETPL application — program description, contact hours, curriculum outline, eligible credential (NHA CPT), and cost breakdown.

Month 4: File ETPL application. Plan for a 60–90 day review cycle.

Month 6 (target): ETPL approval secured before or shortly after first cohort launch, enabling WIOA-funded enrollment in Cohort 2 if not Cohort 1.

Wisconsin American Job Center outreach: Simultaneously, introduce the program to the Dane County Job Center and request inclusion in workforce counselor referral pathways. Counselors actively direct clients to ETPL-listed programs; building the relationship before approval is complete accelerates pipeline.

How to Verify Success

ETPL listing confirmed in Wisconsin DWD system; Dane County Job Center contact established; at least one WIOA-funded enrollment in the first or second cohort.

5. Recommended Next Steps

13. **Identify and contact potential clinical site partners (Weeks 1–4).** The priority list: UW Health laboratory leadership, UnityPoint Health–Meriter workforce development, SSM Health St. Mary's HR, and Grifols/BioLife Plasma Services. Frame the ask as a pipeline partnership, not a vendor request. Reference the Meriter Pathways precedent as evidence that local employers are willing to co-invest in workforce development.
14. **Begin instructor recruitment through the clinical site network (Weeks 2–6).** Ask clinical contacts who their best practitioners are. Do not post a generic job listing first — warm referrals from clinical partners produce far better instructor candidates than cold applications.
15. **Complete internal cost modeling (Weeks 2–4).** The institution must run its own numbers: actual adjunct rate per hour, clinical coordination cost (staff time or contracted), marketing budget, overhead/indirect rate, and confirmed tuition. Use the financial framework in Section 9 as the template. Do not proceed to enrollment without this completed and internally approved.
16. **File Wisconsin WIOA ETPL pre-application inquiry (Month 2).** Contact DWD ETPL staff to initiate the eligibility conversation and understand timing requirements for the first cohort.
17. **Develop program marketing assets (Months 2–3).** Key messages: immediate NHA CPT eligibility on graduation, competitive tuition vs. credit program alternatives, specific named employer partners (once clinical sites are confirmed), and flexible hybrid delivery for working adults. Channels: Dane County Job Center referral partnership, social media (Facebook, Instagram for adult career changers), and targeted email to lists of adult learners already engaged with the institution.
18. **Establish the minimum enrollment threshold (Month 3).** Recommended minimum: 14 students per cohort. Document this as a firm policy. Cancel the first cohort if minimum is not met rather than running an under-enrolled cohort that strains the clinical site relationship and the financial model simultaneously.
19. **Target launch: Fall 2026 cohort (Month 5–6 planning, Month 8 enrollment open, Month 10 cohort start).** If clinical agreements and instructor contracting are complete by Month 3–4, a Fall 2026 launch is achievable. If those conditions slip, defer to Spring 2027 rather than launching without them.

20. **Run the Wavelength Audit on this report before sharing externally.** Use the audit prompt in the Wavelength Report Audit document to confirm parameter consistency, financial framework integrity, and source attribution before distributing to leadership or board.

6. Market Demand Analysis

SCORE: 8/10	**RATIONALE: Strong and durable employer demand signal across multiple healthcare sectors in Dane County, with national BLS projections confirming above-average 10-year growth, and regional posting volume confirming that incumbent training capacity is insufficient to satisfy active employer need.**

Wage Data / Employment Outlook / Market Analysis

Current Market Conditions

The Madison metro (Dane County) is one of Wisconsin's most dynamic healthcare labor markets, driven by an integrated academic health system (UW Health), two large community health systems (UnityPoint Health–Meriter and SSM Health), a robust research hospital complex associated with UW–Madison, and a growing constellation of outpatient, specialty, and plasma collection operators.

Dane County's 2026 population is estimated at approximately 594,000, making it the second most populous county in Wisconsin. Dane County's recent growth has been driven by new job opportunities in healthcare and technology fields. From 2023 to 2024, employment in Dane County grew at a rate of 1.58%, from 319,000 employees to 324,000 employees, per DataUSA aggregation of federal Quarterly Census of Employment and Wages (QCEW) and American Community Survey data (datausa.io/profile/geo/dane-county-wi, accessed June 2026). This is a growing market, not a stagnant one — and healthcare is among the primary growth drivers.

Job Demand

Active phlebotomy and phlebotomy-adjacent postings in the Madison metro at the time of this research were substantial: 572 phlebotomy-related job postings appeared on LinkedIn in the Madison, Wisconsin area. 83 direct phlebotomy job listings appeared on Indeed for Madison, WI, spanning employers including Grifols, UW Health, SSM Health, UnityPoint Health, BioLife Plasma Services, and Stoughton Health. Glassdoor listed 30 active phlebotomist job openings in Madison, with top hiring employers including Stoughton Health, CareSend, UW Health, Grifols, UnityPoint Health, SSM Health, BioLife Plasma Services, and IQVIA.

> ⚠ `Data Integrity Note:` ⚠ **Data Integrity Note:** LinkedIn's job count (572) includes phlebotomy-adjacent roles (laboratory assistants, specimen processors, blood draw technicians) beyond strict phlebotomist titles. The Indeed count (83) represents narrower title-matching to "phlebotomist" and "phlebotomy technician" specifically. Both are reported here with this distinction; the Indeed figure is the more conservative demand floor; the LinkedIn figure reflects the broader ecosystem of roles accessible to phlebotomy certificate graduates.

Nationally, phlebotomists held about 139,700 jobs in 2024. Employment of phlebotomists is projected to grow 6 percent from 2024 to 2034, faster than the average for all occupations. About 18,400 openings for phlebotomists are projected each year, on average, over the decade.

Salary Ranges

Wage Tier	Wisconsin Annual	Wisconsin Hourly	Source
National Median (May 2024)	$43,660/yr	$21.00/hr	BLS OOH, 2025 edition
Wisconsin State Median (May 2024)	$41,940/yr	$20.16/hr	BLS May 2024 OEWS (via PhleboPrep compilation)
National 10th Percentile (est.)	~$32,100/yr	~$15.43/hr	BLS May 2024 OEWS
National 90th Percentile (est.)	~$55,330/yr	~$26.60/hr	ACI/BLS compilation

⚠ `Data Integrity Note:` ⚠ **Data Integrity Note:** Two slightly different BLS-sourced median wage figures appear in the research: $41,810/yr (BLS May 2024 OEWS, cited by PhleboPrep's state comparison table) and $43,660/yr (BLS OOH 2025 edition, which uses May 2024 data). The discrepancy likely reflects rounding conventions or a May 2024 vs. May 2023 base year difference in the OOH update cycle. Both are presented here with their sources. The Wisconsin-specific figure ($41,940/yr, $20.16/hr) from the BLS May 2024 OEWS state table is the most geographically relevant data point for this program and is used as the primary reference.

Top Employers Hiring in Dane County

Employer	Setting	Approximate Scale	Notes
UW Health	Academic health system, 80+ clinics	Wisconsin's #1 ranked hospital	Active phlebotomist postings across clinical labs and floating positions; seeking Phlebotomist Training Specialist
UnityPoint Health–Meriter	Community hospital + 20+ outpatient clinics	Busiest birthing center in Wisconsin	Operates Phlebotomy Pathways Program for own pipeline; active open roles
SSM Health St. Mary's	Full-service community hospital	Major Madison campus	Active inpatient phlebotomist posting (40 hrs/week) and supplemental positions
Grifols	Plasma donation center	National operator	Active donor center/phlebotomist postings in Madison
BioLife Plasma Services	Plasma center	National operator	Active phlebotomist postings; offers paid training option for non-certified applicants
American Red Cross	Blood donation	National organization	Donor center phlebotomist, variable schedule
CareSend	Mobile phlebotomy	Regional service provider	Mobile phlebotomist, PRN-flexible hours,

			Fitchburg/Madison area
Stoughton Health	Critical access hospital	Community hospital 15 miles from Madison	Per-diem phlebotomist/lab assistant position active

Most Requested Skills (from regional job postings analysis)

- Venipuncture technique (universal requirement)
- Capillary/fingerstick proficiency
- Specimen labeling and chain-of-custody documentation
- Electronic health record (EHR) data entry (Epic referenced in UW Health postings)
- Infection control and personal protective equipment compliance
- Patient interaction and de-escalation
- Specimen processing and centrifugation basics
- Order-of-draw knowledge
- BLS (Basic Life Support) — required by most hospital systems
- HIPAA compliance and patient confidentiality protocols

Industry Certifications

Certification	Issuing Body	Key Requirement	Employer Recognition
Certified Phlebotomy Technician (CPT)	National Healthcareer Association (NHA)	Qualifying program + 30 venipunctures + 10 capillary sticks	96% of employers require or encourage (NHA 2025 Industry Outlook)
Phlebotomy Technician (PBT)	ASCP Board of Certification	Qualifying program + immediate exam eligibility (NAACLS-accredited programs) OR Route 3: 1 yr experience	Widely recognized in hospital labs
Registered Phlebotomy Technician (RPT)	American Medical Technologists (AMT)	Qualifying program + 50 venipunctures	Regional acceptance varies

Program alignment: The NHA CPT is the recommended target certification for this program, as it (a) does not require NAACLS program accreditation for exam eligibility, (b) can be accessed immediately after completing a qualifying program with documented venipunctures, and (c) has 96% employer recognition nationally. According to NHA's 2025 Industry Outlook, 96% of employers require or encourage certification for phlebotomy technicians. The NHA CPT exam costs $125 and requires a scaled score of 390 or higher to pass.

5-Year Forecast

Employment of phlebotomists is projected to grow 6 percent from 2024 to 2034, faster than the average for all occupations. The drivers of this growth are structural and largely automation-resistant: blood collection requires patient interaction, physical dexterity, and real-time clinical judgment that cannot currently be replicated by automated systems in outpatient or hospital draw station settings. The aging population dynamic is particularly relevant for Dane County: Dane County has 86,269 seniors (65+) among its 459,882 adults, and as that cohort grows, the frequency of diagnostic testing — blood glucose, lipid panels, CBC, metabolic panels — rises proportionally. The healthcare-and-social-assistance sector is

projected to be the fastest-growing industry sector nationally through 2033, according to BLS Employment Projections (August 2024 release).

Automation risk for phlebotomy is low in the 5-year window. Venipuncture robot technology exists in laboratory settings but has not achieved clinical-grade reliability or cost-competitiveness at the point-of-care draw station level. Industry practitioners in online forums and LinkedIn discussions consistently reference the human-touch and patient-interaction elements of phlebotomy as the functional barriers to automation.

Recommendations

21. Position the program explicitly for the multi-employer ecosystem, not just hospital employment — plasma centers, mobile draw services, reference labs, and outpatient clinics all hire continuously and are often easier first-job placements for new graduates than inpatient hospital roles.
22. Incorporate Epic EHR orientation (introductory, not clinical access) into the curriculum, as it is referenced specifically in UW Health postings and is a demonstrated differentiator for entry-level candidates.
23. Include BLS certification either bundled into the program or as a recommended co-enrollment, as most hospital employers require it for phlebotomist hires.
24. Build a graduate outcomes tracking system from Day 1 — placement rate and time-to-employment data are both marketing assets for future cohorts and WIOA ETPL performance reporting requirements.

Employer Demand

SCORE: 6/10	RATIONALE: Strong evidence of employer demand and an active employer-funded training precedent (Meriter Pathways), but no current employer partnerships or MOUs exist in this greenfield launch, and clinical site agreements must be negotiated from scratch.

Demand Signals

The clearest employer demand signal in this market is the UnityPoint Health–Meriter Phlebotomy Pathways Program itself. The Phlebotomy Pathways Program funds education, supplemental income, and clinical training, with starting compensation of $18.32/hour during training, and participants sign an employee agreement committing to work for UPH-Meriter for at least 12 months as a phlebotomist. Meriter is also constructing a multi-million dollar education center along the Beltline specifically to expand healthcare workforce training capacity (madison.com, November 2025). An employer investing at that scale in its own training infrastructure is not doing so casually — it is doing so because the external supply of qualified candidates is structurally insufficient for its hiring needs.

The UW Health system is simultaneously posting for a "Phlebotomist Training Specialist – Float," a role whose existence signals that the system is investing in internal capability development rather than exclusively relying on the external market. This is both a hiring signal (they need phlebotomists) and a partnership signal (they invest in training infrastructure).

Employer Concentration Risk

The Madison market is not over-concentrated in a single employer. The active posting universe includes at least eight distinct employer organizations (UW Health, UnityPoint/Meriter, SSM Health, Grifols, BioLife, American Red Cross, CareSend, Stoughton Health) across multiple care settings. This diversification reduces the risk that a single employer's hiring pause would materially affect graduate placement rates.

Investment Willingness

The Meriter Pathways precedent demonstrates that at least one major regional employer is willing to co-invest in phlebotomy workforce development. For Riverside, the immediate priority is clinical site agreements rather than tuition sponsorship — but the Meriter model illustrates that a contract training pivot (employer-sponsored cohort with guaranteed placement) is a viable future revenue model once the program has an established track record.

Contract Training Potential

ESTIMATE (reasoning: based on Meriter Pathways model and typical CE contract training economics): A dedicated employer cohort of 8–12 students, with the employer covering tuition directly, would be structurally viable at $1,950 per student or at a slightly higher negotiated rate given the guaranteed fill. A single employer cohort per year at 10 students and $2,500 per student (contract training premium) represents meaningful additional revenue — but this is not Year 1 revenue; it is a Year 2–3 objective once the open-enrollment program has established its track record.

Partnership Ecosystem

Beyond direct employers, Riverside should engage the Dane County Workforce Development Board (WDB) as both a referral source and a potential co-funder (WIOA ITA source). The Wisconsin Department of Workforce Development maintains the ETPL and manages WIOA funding flows — engagement at the DWD level, not just the local job center level, is appropriate for a new program in this category.

7. Competitive Landscape

SCORE: 5/10	**RATIONALE: One established competitor (Madison College) with a documented capacity constraint, but that competitor's institutional footprint (state-subsidized tuition, multiple campuses) and expanding geographic reach present real competitive headwinds. No other direct local competitors, but the program must differentiate on speed, credential, and flexibility to win against an entrenched public institution.**

Competitor Programs

Competitor 1: Madison Area Technical College (Madison College) — Phlebotomist/Specimen Processor Technical Diploma

Attribute	Detail
Institution	Madison College (Madison Area Technical College)
Program Name	Phlebotomist/Specimen Processor Technical Diploma
Format	Hybrid (in-person + distance education options)
Duration	Two courses in one semester (part-time)
Tuition (est.)	~$4,780/year in-state (credit-bearing technical diploma)
Clinical Requirements	Yes (clinical component)

Credential	Technical Diploma (credit-bearing); ASCP PBT via Route 3 after 1 year work experience
Key Differentiator	State-subsidized tuition; stackable toward Medical Laboratory Technician AAS
Weakness	Waitlisted (demand exceeds seats); no immediate ASCP exam eligibility; expanding to Watertown campus suggesting capacity still constrained at Madison campus

Source: Madison College program page (madisoncollege.edu/academics/programs/phlebotomist), accessed June 2026.

Competitor 2: UnityPoint Health–Meriter Phlebotomy Pathways Program

Attribute	Detail
Institution	UnityPoint Health–Meriter (not a college)
Format	Employer-funded, hybrid, employer site
Cost to participant	$0 (employer-funded)
Eligibility	Must commit to 12-month Meriter employment post-completion
Credential	Internal credential + NHA CPT track
Key Differentiator	Paid training ($18.32/hr) + guaranteed employment
Weakness	Only accessible to individuals willing to commit exclusively to Meriter; not available to the general public

Source: Meriter Pathways Program page (unitypoint.org), accessed June 2026.

Competitor 3: Online/Hybrid National Providers (MedCerts, CareerStep, ed2go)

Attribute	Detail
Institution	Various national online CE providers
Format	Fully online (self-paced)
Cost	ESTIMATE: $700–$1,500 (online programs range widely)
Clinical	Externship facilitated separately (varies; some require learner to self-arrange)
Credential	NHA CPT (varies)
Weakness	Clinical placement burden falls on the learner; no local network; no local employer relationships

Market Gaps and Differentiation Opportunities

The primary market gap is straightforward: **demand for phlebotomy training in Dane County exceeds supply of trained graduates.** Madison College is on a waitlist. The Meriter program is

closed to non-hires. Online programs leave learners to self-arrange clinical hours. The opportunity for Riverside is to occupy the specific position of **"locally-embedded, professionally-delivered, immediately certification-ready phlebotomy training for the general public."**

Key differentiation levers:

- **Credential differentiation:** NHA CPT-eligible immediately upon program completion (vs. Madison College's Route 3/1-year delay)
- **Speed:** 120-contact-hour program potentially completable in one semester vs. Madison College's semester-long sequence with prerequisite academic readiness requirements
- **Tuition:** $1,950 per student vs. Madison College's ~$4,780 credit program cost
- **Access:** No waitlist, open enrollment, designed for working adults

Competitive Advantages

25. No waitlist: Riverside can accept students Madison College cannot
26. NHA CPT-aligned curriculum produces immediately exam-eligible graduates
27. Lower tuition than the credit alternative
28. Hybrid delivery accommodates working adults
29. Non-credit format bypasses academic prerequisites that may delay enrollment in the credit pathway

Threats and Challenges

30. **Madison College's institutional weight:** State system tuition subsidies and an established reputation mean Riverside will need to be meaningfully better on specific dimensions (credential, speed, cost) to win over students who might otherwise wait for a Madison College seat
31. **Madison College expansion:** The addition of the Watertown campus in Fall 2024 signals that Madison College is actively growing its capacity. If it resolves its waitlist problem in the next 2–3 years, Riverside's differentiation becomes harder to sustain
32. **Employer-funded training proliferation:** If more employers follow Meriter's model and train their own hires directly, the pool of candidates seeking external training shrinks
33. **Online provider price competition:** National online providers at $700–$1,500 will appeal to price-sensitive learners, even if their clinical placement support is weaker

Strategic Recommendation

Compete on three specific vectors — certification speed, local clinical integration, and program cost — and do not try to compete on price alone against online providers. The program's defensible advantage is the combination of local clinical placement (which online providers cannot replicate) + NHA CPT eligibility (which Madison College's graduates must wait a year for). Own that position. Market to it explicitly.

8. Curriculum Design

SCORE: N/A (derived section)

Graduate Competencies

Upon completing the 120-contact-hour program, graduates should demonstrate competency in:

34. **Venipuncture and capillary puncture technique** — performing routine venipuncture on adult patients; performing capillary/fingerstick collection; managing difficult draws and patient adverse reactions
35. **Specimen handling and chain-of-custody** — labeling, transport, storage, and processing requirements for common specimen types (whole blood, serum, plasma, urine)
36. **Infection control and safety** — standard precautions, PPE selection and donning/doffing, biohazard waste disposal, needlestick prevention
37. **Laboratory information systems and documentation** — order entry, patient ID verification (two-identifier protocol), EHR data entry basics (Epic orientation)
38. **Anatomy and physiology (applied)** — circulatory system anatomy relevant to venipuncture site selection; common pathologic conditions requiring laboratory testing
39. **Regulatory compliance** — CLIA waived testing basics, HIPAA patient confidentiality, applicable state laboratory regulations (Wisconsin)
40. **Patient interaction and professionalism** — patient communication, anxiety management, cultural competency basics
41. **NHA CPT exam readiness** — demonstrated knowledge across CPT exam domains at passing-level mastery

Curriculum Framework (120 Total Contact Hours)

Program parameters lock: 120 total contact hours. Paid instructor-led hours ESTIMATE 65–70 (didactic lecture + hands-on lab skills); remaining 50–55 hours comprise supervised clinical externship at a contracted clinical site — these hours are not billed to the adjunct. Tuition per student: $1,950. Cohort size: ESTIMATE 16–20 students. Cohorts per year: ESTIMATE 2.

Module	Contact Hours	Format	Content
Module 1: Foundations of Phlebotomy	15 hrs	Online (self-paced)	Medical terminology; anatomy of the circulatory system; legal/regulatory framework; HIPAA and patient rights; role of phlebotomist in the healthcare team
Module 2: Safety and Infection Control	10 hrs	Online (self-paced) + lab session	Standard precautions; PPE; biohazard waste; bloodborne pathogen standard; needlestick prevention
Module 3: Equipment and Procedures	20 hrs	In-person lab	Venipuncture equipment; order of draw; venipuncture technique (practice arm → simulated patient → supervised live draws); capillary puncture; butterfly collection; blood culture collection
Module 4: Specimen Processing	10 hrs	In-person lab	Centrifugation; specimen processing for common test types; transport requirements; common

			pre-analytical errors
Module 5: Patient Interaction and Special Populations	5 hrs	Online + discussion	Patient communication; geriatric and pediatric considerations; anxiety and adverse reaction management; cultural competency
Module 6: EHR and Documentation Basics	5 hrs	Online (self-paced)	Two-identifier patient verification; EHR order entry orientation; labeling protocol; specimen tracking
Module 7: NHA CPT Exam Preparation	5 hrs	Online + group review	CPT exam domain review; practice questions; test-taking strategy
Module 8: Supervised Clinical Externship	50 hrs	Clinical site (contracted)	Minimum 30 successful venipunctures + 10 capillary sticks on live patients under qualified supervision; documentation of procedures for NHA eligibility

Total: 120 contact hours (65–70 instructor-led; 50–55 supervised clinical site hours not billed to adjunct).

The program should be designed as a single-semester offering for the first year, with a pilot length of 12–16 weeks. The clinical externship should be scheduled in the final four weeks after students have demonstrated basic technique competency in the lab setting.

9. Financial Viability

SCORE: 6/10	**RATIONALE: The opportunity structure is favorable — low fixed-cost CE model, pricing headroom above online alternatives, and an enrollment-sensitive break-even that is achievable at moderate cohort fill — but the greenfield status and absence of employer revenue commitments mean the financial case depends entirely on self-funded enrollment that has not yet been validated.**

This section presents a financial framework for institutional use — not a P&L projection. The institution must supply its actual cost inputs to produce a board-ready financial model.

Voice: Fatima Al-Rashid, Financial Analyst, Wavelength

Let me be direct about what we know and what we don't. From the outside, we can see the opportunity structure clearly: this is a low-capital, instructor-and-clinical-site-dependent CE program with a proven

market analog (multiple peer institutions running viable non-credit phlebotomy programs nationally) and a tuition price point that reflects what the local market will bear. What we cannot know from the outside is the institution's actual cost structure — the adjunct rate, the overhead load, the clinical coordination cost, the marketing spend. Those numbers determine whether 6.65/10 is a sustainable business or a loss-leader. The institution must run this model with its own numbers before committing.

Revenue Logic

The revenue drivers are straightforward:

Tuition per student: $1,950 (as specified in the INPUT BLOCK). This positions the program above the online commodity floor (ESTIMATE: $700–$1,500 for self-paced online-only programs) and well below the credit program alternative (Madison College's technical diploma program costs approximately $4,780 per year in-state per Research.com compilation). The $1,950 price point is supportable — it reflects the value of local clinical placement and immediately exam-eligible credential preparation. Whether it should be higher (to capture more margin) or lower (to maximize access and WIOA-funded enrollment) is an institutional decision informed by the cost model.

Students per cohort: ESTIMATE 16–20 students per cohort. This estimate is based on: (a) peer program benchmarks — Wake Tech's phlebotomy program runs cohorts requiring instructor contact across two half-days/week with clinical rotations, Portland Community College's non-credit phlebotomy runs sequential Term I and Term II cohorts; (b) clinical site capacity — most outpatient clinic sites can support 4–6 student clinical placements concurrently, meaning a cohort of 16 students would require coordination across 3–4 site slots, which is achievable with two clinical partners; (c) CE benchmark enrollment of 12–20 students per section for career-oriented non-credit programs.

Cohorts per year: ESTIMATE 2 (fall and spring). A third summer cohort may be viable once the program has demonstrated demand and clinical site capacity, but should not be assumed in the Year 1 model.

Annual revenue range (ESTIMATE): $1,950 per student × 16–20 students × 2 cohorts = ESTIMATE $62,400–$78,000 per year in gross tuition revenue at the projected cohort range. Note: this range assumes the planning target of 16–20 students per cohort; it is not the minimum viable threshold. The institution's operational minimum of 14 students per cohort (see Conditions for Go) would produce a lower revenue floor — the institution's own cost model, using actual cost inputs, determines whether 14 students covers costs. The institution must validate these ranges against its own demand signals and marketing conversion assumptions.

Cost Structure (Qualitative)

The primary cost categories for a 120-hour hybrid non-credit phlebotomy program are:

Instructional costs (dominant cost driver): Adjunct or part-time instructor compensation for ESTIMATE 65–70 instructor-led contact hours per cohort. This is the single largest variable cost and the most sensitive lever in the model. Rates for healthcare adjunct instruction vary by market — the institution must obtain actual quotes or use its established adjunct rate schedule. At 2 cohorts per year, instructor costs scale directly with cohort count.

Clinical coordination cost: Staff time to manage clinical site relationships, student placement logistics, documentation verification (immunizations, background checks, drug screens), and supervisory communication. This is often underestimated in non-credit program planning. Conservatively: ESTIMATE 4–8 hours of staff time per cohort, plus any contracted clinical site affiliation management fees.

Equipment and consumables: For a lab skills training environment, the key items are phlebotomy practice arms (typically ESTIMATE $100–$200 each; needed for initial technique practice before live draws), phlebotomy supply kits (needles, tubes, tourniquets, gloves, alcohol wipes — typically

ESTIMATE $25–$50 per student per cohort for consumables), and a centrifuge if specimen processing is taught in-house. Many of these items are one-time or low-annual-replacement investments.

Marketing and enrollment: For a new program, plan for meaningful first-year marketing investment. ESTIMATE: $3,000–$6,000 for the first year (social media campaigns, Google Ads targeting healthcare career-change searches, Dane County Job Center relationship, and any print/digital materials). This should decline as word-of-mouth and WIOA referral pipelines mature.

Institutional overhead/indirect: Whatever the institution's standard overhead rate is for CE programs — typically applied as a percentage of direct costs or gross revenue. This is institution-specific and cannot be estimated externally.

Cost structure shape: This is a **low fixed cost, marketing-sensitive, enrollment-driven** program. Fixed costs are modest once equipment is purchased. Variable costs (instructor, consumables) scale with enrollment. The key financial risk is running a cohort that is underenrolled — a cohort of 8 students at $1,950 generates dramatically different economics than a cohort of 18 students, and instructor cost may not scale proportionally downward. This is why a firm minimum enrollment threshold is a financial management essential, not just a quality management decision.

Break-Even Logic (the formula and the lever — not a derived number)

Break-even formula:

Break-even students per cohort = Per-cohort fixed costs ÷ (Tuition per student − Per-student variable cost)

What makes break-even easy here: Low capital requirement (no significant equipment purchases beyond lab supplies), instructor costs that are the dominant variable (meaning the institution can partially adjust instructor hours if a cohort is smaller), and a $1,950 tuition price that reflects what the market will pay without resistance.

What makes break-even harder: Marketing cost in Year 1 is front-loaded (paid before any revenue is received); clinical coordination is a fixed time cost regardless of cohort size; and the first cohort carries the highest risk of under-enrollment because the program has no track record or word-of-mouth.

The institution must plug in: Its actual adjunct hourly rate (or salary equivalent), its actual overhead/indirect rate, its marketing budget, and its confirmed tuition decision. ESTIMATE based on peer CE program patterns at similar price points, not derived from this institution's actual cost inputs: a program of this type roughly reaches a viable financial position at 12–15 students per cohort — but the institution must confirm this with its own numbers, not ours.

Inputs the Institution Must Supply

To complete the financial model, the institution needs:

- [ ] Actual adjunct instruction rate per contact hour (or per-course rate)
- [ ] Clinical coordination staff time estimate (hours per cohort × staff cost)
- [ ] One-time equipment/startup cost quote (practice arms, supply kit initial purchase)
- [ ] Per-student consumables estimate for lab sessions
- [ ] Marketing budget allocation (Year 1 and ongoing)
- [ ] Institutional overhead/indirect rate applicable to CE programs
- [ ] Confirmed tuition decision (the INPUT BLOCK specifies $1,950; validate this is approved)
- [ ] Confirmed cohort size cap (clinical site capacity may set an upper limit)

Financial Risks and Sensitivities

Primary risk: Under-enrollment. A program with low fixed costs and high revenue-per-student sensitivity is disproportionately harmed by missing cohort minimums. Running a cohort of 8 students when you needed 14 to break even produces a financial deficit *and* strains the clinical site relationship (fewer students than expected affects site planning). Mitigate with a firm minimum threshold and active enrollment management in the 30–45 days before cohort start.

Secondary risk: Instructor cost escalation. Healthcare practitioners with clinical credentials are not abundant. If the adjunct market tightens or the instructor negotiates for a higher rate at Year 2 renewal, instructor cost increases directly reduce margin. Mitigate with a multi-year adjunct agreement and a clear scope of work that specifies paid vs. unpaid activities.

Third risk: Clinical site withdrawal. A clinical site that terminates its agreement mid-program creates an immediate student outcome problem. Mitigate with two signed agreements (redundancy) and a 90-day termination notice clause that gives the program time to find alternative placement.

Recommendations

42. Complete the internal cost model before enrollment opens — use the inputs checklist above. The decision to launch should be made against real numbers, not estimates.
43. Set the minimum enrollment threshold at 14 students and enforce it. A cancelled cohort is recoverable; a financially and academically failed cohort is not.
44. Model the contract training scenario in Year 2 — one employer-sponsored cohort of 10 students at a contract premium could materially improve program economics.
45. Plan for WIOA ITA funding to cover 20–30% of enrolled students in Year 2; this de-risks the tuition-collection model and expands access.

10. Marketing Strategy

SCORE: 7/10	**RATIONALE: A large, well-motivated target learner population in a high-growth healthcare metro with documented pent-up demand (Madison College waitlist) and a straightforward, high-value marketing message. Moderate conversion risk given program is new and has no track record to cite.**

Target Population

Primary segment: Career changers from non-healthcare roles. Adults ages 22–45 currently in retail, food service, administrative, or other service roles seeking a faster path into healthcare. Dane County has a workforce of approximately 324,000 employed residents; assuming 2–5% are actively considering a healthcare career change at any given time, the raw population is ESTIMATE 6,500–16,000 adults — a large enough pool for a program targeting 32–60 new enrollees annually.

Secondary segment: Healthcare-adjacent workers seeking upward credential movement. Certified Nursing Assistants, medical assistants, patient service representatives, and home health aides looking to formalize and credential their phlebotomy skills. This segment already has healthcare context, often has employer tuition reimbursement access, and may require less persuasion of the career value.

Tertiary segment: Pre-health students and career explorers. University of Wisconsin–Madison undergraduates and Edgewood College students seeking phlebotomy experience as a stepping stone to

nursing, PA, or medical school applications. UW–Madison's Center for Pre-Health Advising explicitly lists phlebotomy jobs and training as relevant pre-health experience (prehealth.wisc.edu, accessed June 2026). This is a smaller but highly motivated and academically prepared segment.

Demographic context: Dane County's 2024 median household income was $89,975. This is a relatively affluent county; however, the target learner population for phlebotomy programs typically comes from the lower-to-middle income range. This makes WIOA eligibility highly relevant — dislocated workers and lower-income adults within Dane County are strong WIOA candidates for whom the $1,950 tuition represents a meaningful but potentially fundable barrier.

Learner Motivation Profile

The primary motivator for career-changer enrollment in phlebotomy programs is **speed to employment.** This segment wants to enter healthcare, has done enough research to know that phlebotomy requires less training than nursing or medical assisting, and is looking for the shortest credible path to a job. The program's 120-contact-hour design and one-semester completion window are core to the value proposition.

Secondary motivators: job stability (healthcare roles are recession-resistant), schedule flexibility (the variety of phlebotomy settings includes PRN/per-diem and part-time options that work for caregivers), and the intrinsic value of patient-facing healthcare work.

Barriers to Enrollment

Barrier	Mitigation
Tuition cost ($1,950 out-of-pocket)	WIOA ITA funding pathway (target approval before Cohort 2); employer tuition reimbursement referral guide; payment plan option
Scheduling conflict (working adults)	Hybrid delivery; evening/weekend lab session options; one-semester length limits disruption
Clinical placement uncertainty (learner unfamiliarity)	Clear communication about confirmed clinical site partnerships — name the hospitals; reduce the unknown
No track record / new program	First cohort marketing should lean heavily on instructor credentials and employer partner names, not the program's own history
Background check / immunization requirements	Provide a clear pre-enrollment checklist; partner with DISA or equivalent for bundled background check services

Enrollment Projection

ESTIMATE (reasoning: based on peer program benchmarks and CE marketing conversion standards):

Variable	Value
Target inquiries per cohort (Year 1)	80–120
Estimated inquiry-to-enrollment conversion	15–20% (CE benchmark per engine framework)
Projected enrollments per cohort (Year 1)	12–24 students (planning anchor: 16)
Cohorts per year (Year 1)	2
Projected total annual enrollments (Year 1)	24–48 students (midpoint: 32)

The 80–120 inquiry range is ESTIMATE based on: Madison College waitlist (pre-validated demand exists), Dane County Job Center referral pipeline (active once ETPL listed), social media campaigns reaching career-change searchers, and the institution's own marketing list if it exists. If Madison College's waitlist is publicly quantifiable, even a fraction of those waitlisted students represent warm inquiries.

> **Note on projection range vs. cohort design ceiling:** The per-cohort projection of 12–24 students reflects inquiry-conversion uncertainty across the full confidence interval; the cohort design parameter of 16–20 students is the planning target and operational cap, set by clinical site capacity constraints. If demand exceeds 20 enrolled students, the institution should open a second section rather than overloading a single clinical site cohort.

Peer Benchmarks

- Portland Community College (non-credit phlebotomy, two-term): cohort-based, sequential enrollment; program is fully subscribed annually according to the PCC program page.
- Wake Technical Community College (12-week non-credit phlebotomy): daytime and evening offerings throughout the year; program is consistently offered with multiple sections.
- Community College of Denver (phlebotomy certificate, one semester): spring, summer, and fall application windows; consistent annual offering.

These programs demonstrate that a well-run, clinically-connected non-credit phlebotomy program at a community college can sustain 2–4 cohorts per year with consistent enrollment. The benchmark is achievable; it requires active marketing and strong employer referral, not a passive listing in a course catalog.

Seasonality and Launch Timing

Best launch window: Fall semester. ESTIMATE based on CE practitioner convention: career-change enrollment interest tends to peak in late summer (August–September) as adults evaluate next steps after summer employment transitions. A Fall 2026 launch with enrollment opening in July 2026 aligns with this pattern. Spring 2027 is the backup if the Fall 2026 conditions cannot be met.

Marketing Channels and Approach

46. **Dane County Job Center referral partnership** — highest-quality, lowest-cost referral channel for WIOA-eligible learners. Requires ETPL listing (or pending listing) to activate.
47. **Social media (Facebook/Instagram)** — targeted career-change ad campaigns to adults 25–45 in Dane County, healthcare/medical interest, non-degree seeking. ESTIMATE: $1,500–$2,500 per cohort at launch.
48. **Google search advertising** — "phlebotomy training Madison WI", "phlebotomy certification course Wisconsin." ESTIMATE: $500–$1,000 per cohort.
49. **UW–Madison pre-health advising outreach** — direct contact with the Center for Pre-Health Advising. They explicitly refer students to phlebotomy training as a healthcare entry point; getting listed on their resources page is a zero-cost, high-quality referral.
50. **Employer referral** — once clinical site partners are confirmed, ask their HR contacts to refer candidates from their internal "interested but not yet trained" pools.
51. **Current institutional learner database** — if Riverside has existing CE learner lists in healthcare-adjacent areas (CNA, medical terminology, CPR), these are warm prospects.

11. Implementation Timeline

Phase 1: Pre-Launch (Months 1–4)

Milestone	Target
Clinical site outreach initiated (UW Health, Meriter, SSM, Grifols)	Month 1
Instructor recruitment outreach begins	Month 1
Internal cost model drafted and reviewed	Month 2
WIOA ETPL pre-application inquiry filed with DWD	Month 2
First clinical affiliation agreement signed	Month 3
Second clinical affiliation agreement signed	Month 3–4
Instructor contracted and curriculum outline drafted	Month 3
Program registered in system of record	Month 3
Marketing assets developed (web page, social ads, Job Center materials)	Month 3–4
Minimum enrollment threshold established (14 students)	Month 3
Student pre-enrollment checklist finalized (background check, immunization requirements)	Month 4

Phase 2: Enrollment and Pre-Cohort (Months 4–6)

Milestone	Target
Enrollment opens (Fall 2026 cohort)	Month 4–5
Dane County Job Center notified; referral relationship activated	Month 4
Marketing campaigns launched (social, Google, UW–Madison outreach)	Month 5
Enrollment minimum check (14 students confirmed or cohort rescheduled)	Month 6 (30 days before start)
Student orientation materials distributed	Month 6
Background check and immunization verification for enrolled students	Month 6

Phase 3: Cohort Delivery (Months 7–10)

Milestone	Target
Cohort 1 begins (Fall 2026 target)	Month 7

Modules 1–7 delivered (online + in-person lab, approx. weeks 1–8)	Months 7–8
Clinical externship begins (minimum 50 hours, weeks 9–12)	Month 9
NHA CPT exam prep review	Month 9 (final weeks of instruction)
Clinical hours documentation collected (30 venipunctures + 10 capillary sticks per student)	Month 10
Program completion; NHA CPT exam eligibility confirmed for all completers	Month 10
Graduate outcomes tracking initiated (employment within 90 days)	Month 10 + 3 months

Phase 4: Cohort 2 Planning and ETPL Filing (Months 8–12)

Milestone	Target
Spring 2027 enrollment opens	Month 9–10
WIOA ETPL application filed (if not completed earlier)	Month 10
Cohort 1 outcomes data collected (placement rate, time to employment)	Month 12
Program review and pricing/curriculum adjustment if needed	Month 12
ETPL approval received (target)	Month 12–14

12. Appendix

Scoring Summary

Dimension	Score	Weight	Weighted Score
Labor Market Demand (Stage 1)	8 / 10	25%	2.00
Financial Viability (Stage 4)	6 / 10	20%	1.20
Employer Demand & Partnerships (Stage 7)	6 / 10	15%	0.90
Target Learner Demand (Stage 3)	7 / 10	15%	1.05
Competitive Landscape (Stage 2)	5 / 10	10%	0.50
Institutional Fit &	6 / 10	10%	0.60

Capacity (Stage 5)			
Regulatory & Compliance (Stage 6)	8 / 10	5%	0.40
TOTAL		100%	6.65 / 10

Decision tier: 6.65 = Conditional Go (6.5–7.9 range).

Override rules check: No dimension ≤ 3 (override 1 not triggered). Financial Viability = 6 ≥ 4 (override 2 not triggered). Labor Market Demand = 8 ≥ 4 (override 3 not triggered).

Mapped decision label: CONDITIONAL GO.

Score rationale notes:

- **Labor Market Demand (8/10):** Strong. 80+ active Indeed listings, 248+ LinkedIn listings, BLS 6% projected growth 2024–2034, ~18,400 annual national openings, Dane County healthcare sector actively growing, aging population structural tailwind.
- **Financial Viability (6/10):** Favorable structure (low fixed cost, $1,950 tuition with pricing headroom vs. credit alternative) but dependent on enrollment fill, no employer revenue commitments exist, and greenfield marketing cost is front-loaded. Strong but not high-confidence.
- **Employer Demand & Partnerships (6/10):** Active employer hiring universe, Meriter Pathways precedent proving employer investment appetite, but no MOUs or clinical agreements exist. Score reflects the gap between demand signal and confirmed partnership.
- **Target Learner Demand (7/10):** Madison College waitlist is direct validation of unserved learner demand. Large career-change and pre-health population in Dane County. Tuition and schedule are accessible for the target segment.
- **Competitive Landscape (5/10):** One structured competitor (Madison College) with capacity constraint. No direct non-credit CE competitor locally. But Madison College is expanding capacity; national online providers offer price competition; score reflects moderate competitive risk.
- **Institutional Fit & Capacity (6/10):** Greenfield program with no allied health CE track record, no clinical relationships, and no confirmed instructor. Each gap is closable. Score reflects the realistic effort and risk of resolving all three from zero.
- **Regulatory & Compliance (8/10):** Wisconsin does not require state licensure for phlebotomists. NHA CPT is a recognized credential with clear eligibility requirements aligned to the program design. WIOA ETPL pathway is documented and precedented. Minimal regulatory complexity.

Program Parameters (Consistency Lock)

All instances of these parameters in the report use the following values:

Parameter	Value	Notes
Total contact hours	120	As specified in INPUT BLOCK
Instructor-led (paid) hours	ESTIMATE 65–70	Didactic + lab; clinical hours are site-supervised, not billed to adjunct
Tuition per student	$1,950	As specified in INPUT BLOCK
Students per cohort	ESTIMATE 16–20	Based on peer benchmarks and

		clinical site capacity; institution to validate
Cohorts per year	ESTIMATE 2	Fall/spring minimum; summer cohort possible in Year 2
Weighted composite score	6.65 / 10	Computed in Appendix; stated in Executive Summary

Data Sources

Source	Type	Used For
BLS Occupational Outlook Handbook — Phlebotomists (2025 edition)	Federal government	National employment projections, 2024–2034 growth rate, annual openings, median wage $43,660
BLS May 2024 OEWS (via PhleboPrep state comparison table, phleboprep.com)	Third-party compilation of federal data	Wisconsin median wage ($41,940/yr, $20.16/hr); national median ($41,810/yr); state comparison
Indeed.com (Madison, WI phlebotomy search, June 2026)	Job board	83 active phlebotomist listings; named employers
LinkedIn Jobs (Madison, WI phlebotomy search, June 2026)	Professional network	248+ phlebotomist postings; 572+ phlebotomy-related postings
Glassdoor (Madison, WI phlebotomist jobs, June 2026)	Job board	30 active listings; named employer list
Madison College program page (madisoncollege.edu), June 2026	Institutional	Competitor program details: format, credits, waitlist status, ASCP route, credential
UnityPoint Health–Meriter Pathways Program page, June 2026	Employer	Phlebotomy Pathways Program details: pay, commitment, funding model
Wisconsin DWD ETPL database (dwd.wisconsin.gov), June 2026	State government	ETPL phlebotomy program listings; WIOA funding framework
NHA (nhanow.com), June 2026	Credentialing body	CPT exam requirements, eligibility criteria, 2025 Industry Outlook employer preference statistic (96%)
U.S. Census Bureau / World Population Review — Dane County	Federal/aggregator	County population (~594,000), demographics, median income ($89,975)
DataUSA (datausa.io) — Dane County, aggregating federal QCEW/ACS data	Aggregator of federal data	Employment growth 2023–2024 (+1.58%, 319K→324K employees)
Wake Technical Community College program page, June 2026	Peer institution	Non-credit phlebotomy program format, clinical model, structure
Portland Community College program page, June 2026	Peer institution	Non-credit two-term phlebotomy model; clinical hours (100 hrs

		clinical)
Stepful.com / PhlebotomyUSA.com	Industry resource	Tuition range benchmarks for non-credit programs nationally
UW–Madison Center for Pre-Health Advising (prehealth.wisc.edu), June 2026	University	Pre-health student phlebotomy interest; local employer ecosystem confirmation
Research.com (Madison trade school comparison)	Aggregator	Madison College tuition ($4,780/yr) for phlebotomy technical diploma
madison.com (Wisconsin State Journal digital, Meriter training center article, November 2025)	Local news	Meriter multi-million dollar education center investment; regional healthcare workforce shortage acknowledgment

⚠ `Data Integrity Note:` ⚠ **Data Integrity Note (Wisconsin wage):** Two BLS-sourced median wage figures appear in the research for phlebotomists: $41,810/yr (BLS May 2024 OEWS, state comparison) and $43,660/yr (BLS OOH 2025 edition using May 2024 underlying data). The discrepancy is likely attributable to the BLS publication cycle — the OOH is updated annually with the most recent OEWS; a minor difference between the May 2024 OEWS release and the OOH publication may reflect a publication lag or a rounding difference. The Wisconsin-specific figure ($41,940/yr) from the OEWS state table via PhleboPrep is used as the primary regional reference. Both national figures are presented in the wage table with their sources.

Methodology

This report was produced using the Wavelength Validation Engine, a seven-stage workforce program validation pipeline. Research was gathered via live web search across seven thematic batches covering: (1) regional labor market and job posting data, (2) BLS occupational employment and wage statistics, (3) competitor program analysis, (4) employer landscape and partnership signals, (5) target learner demographics and regulatory framework, (6) program design and curriculum benchmarks, and (7) WIOA/ETPL funding pathways.

Scoring used the Wavelength 7-dimension framework: Labor Market Demand (25%), Financial Viability (20%), Employer Demand & Partnerships (15%), Target Learner Demand (15%), Competitive Landscape (10%), Institutional Fit & Capacity (10%), Regulatory & Compliance (5%). Weighted composite score: 6.65/10 = Conditional Go.

ESTIMATE labels are used throughout where institutional cost inputs, enrollment projections, or market-sizing figures cannot be determined from public sources. All figures labeled ESTIMATE represent informed reasoning from publicly available benchmarks and should be replaced by the institution's own verified inputs before a board-ready financial model is produced.

Disclaimer

This report is prepared as an illustrative sample/proof piece using a fictional institution ("Riverside Community College") and the publicly available Madison, Wisconsin metro as the service region. No real institution's internal decisions, proprietary data, or confidential information is disclosed. All employer names, program names, and market data cited are from publicly available sources. The report is intended to demonstrate the Wavelength Validation Engine methodology and report format. It does not constitute a commitment to launch any program. Final program decisions should be made by the institution's leadership based on its own due diligence, cost modeling, and strategic priorities.

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