Rōvn is LinkedIn for healthcare, rebuilt on verified infrastructure.

Healthcare pays clinicians for months before they're allowed to see a patient. Rōvn is one verified network — the trust layer healthcare hiring never had — where a clinician proves who they are once and carries that proof to every job, and facilities run hiring end to end in one place instead of four vendors. Built so each new employer can say yes in days instead of months (our target, not yet a result).

Raising

$1.5M

Pre-seed

Giles-Evan Mboumi
Cofounder & CEO
gmboumi@rovn.to
rovn.to

The bottleneck isn't finding clinicians. It's starting them.

Nurses

Day 0 ⟶ **Day 78**

A nurse accepts the job offer.

She finally starts. **That's the median.**
(NSI, 2026)

Physicians

112 days

for physicians — signed contract to first day of work.

Average among surveyed organizations. (AMA/AAPPR)

Every one of those days, the organization pays three ways at once: **salary and benefits going out**, **patient visits not being billed**, and **premium rates for temporary coverage** to fill the schedule.

Why so slow? Every employer re-checks the same licenses, certifications, and work history **from scratch** — across spreadsheets, portals, and inboxes.

And the facility side is just as fragmented: operators stitch together **LinkedIn** for profiles, **Vivian** for jobs, **Medallion**, **Verifiable**, or **symplr** for credentialing — four vendors, zero continuity.

78-day figure: NSI 2026, median offer-to-start for registered nurses. 112-day figure: AMA summary of AAPPR research — surveyed physician population only, not generalized to other professions.
Cost-of-wait framing is qualitative; Rōvn cites no per-day dollar figure. Workflow description drawn from 256+ conversations with healthcare executives, operators, and clinicians.

Verify a clinician once. Let them carry the proof everywhere.

Today

A clinician's file is rebuilt from zero at every new job.

With Rōvn

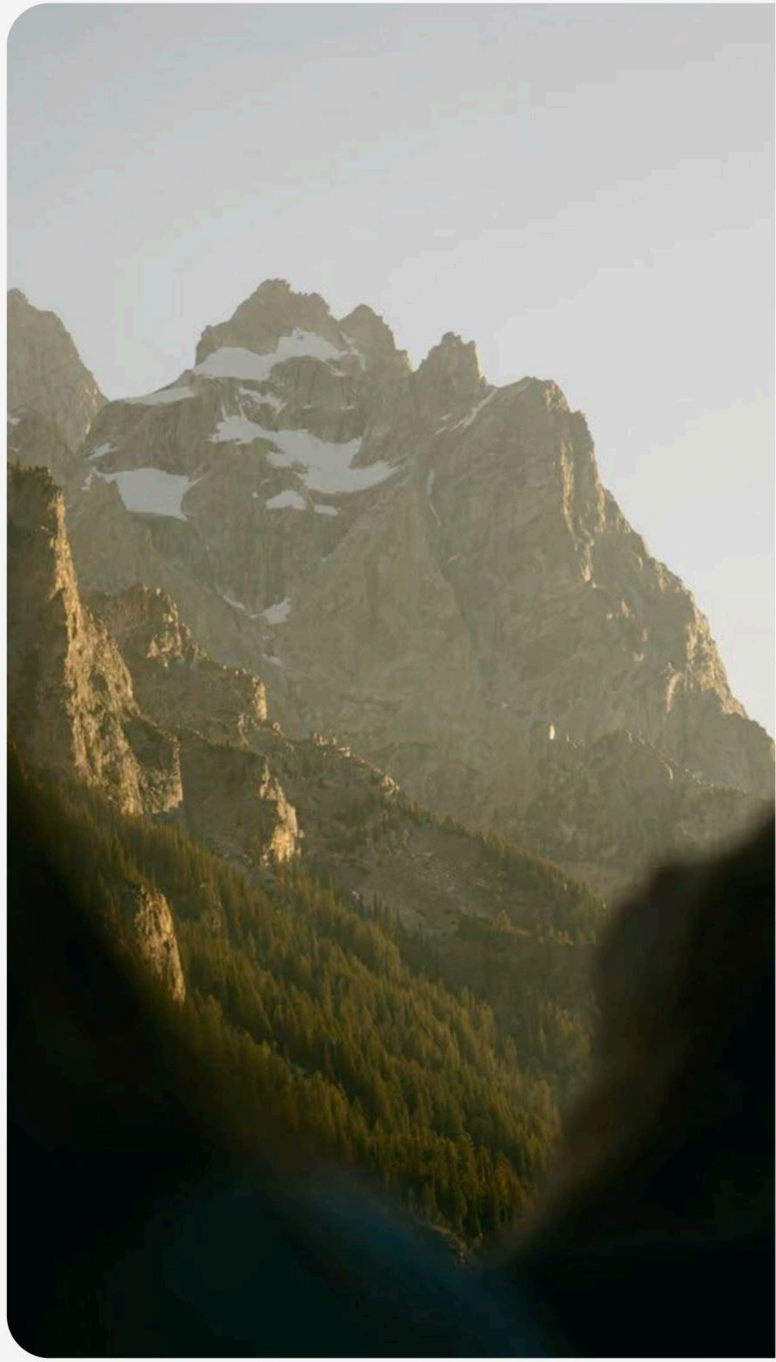
The clinician keeps **one verified record** — licenses, certifications, education, work history — each item checked at its original source. At the next job, the proof is already done. **Only the new employer's decision remains.**

And for the facility, the four-vendor stack collapses into one: post the job, see already-verified candidates, run credentialing and monitoring, and operate the workforce — in one place, instead of LinkedIn + Vivian + a credentialing vendor + spreadsheets.

The rule that makes this trustworthy: evidence can travel — decisions never have to.

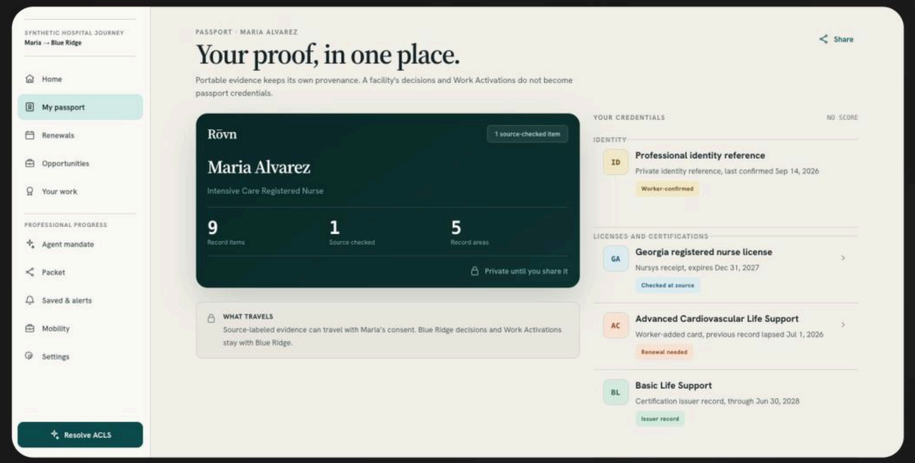
Every organization applies its own rules and makes its own final call. Rōvn never decides for them.

Why now: the evidence already exists in digital systems, and software agents can finally do the collecting and chasing — reliably enough to run under human approval.

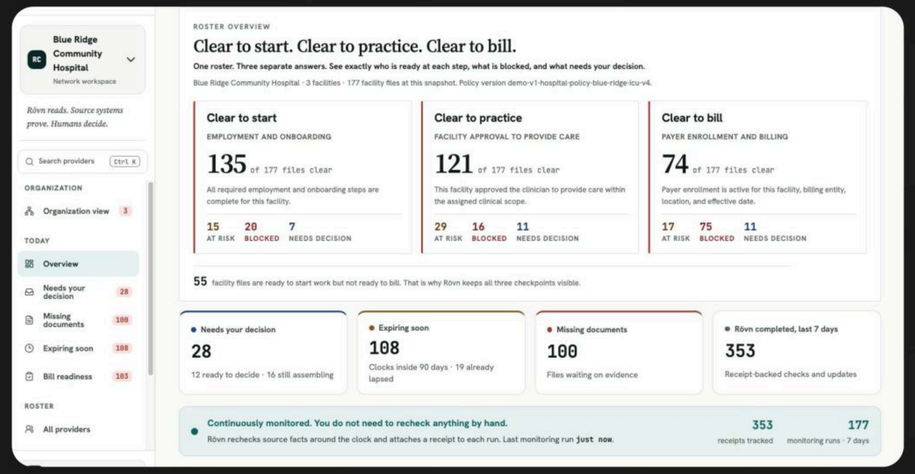


Rōvn verification model: each fact is confirmed with the authority that issued it; an uploaded document alone is never treated as verified. Employers retain every hiring and privileging decision.

It's built. Both sides. 13 clinician design partners use it today with their own credentials.



For the nurse from slide 2: one place to keep her licenses, certifications, and history — verified, current, and shared only with her consent.



For the facility: the whole pipeline in one place — post jobs, review verified applicants, run credentialing, and see the daily worklist: what cleared overnight, what needs a person, what expires next.

Rōvn's agents — software that does the chasing — collect documents, check them at the source, follow up, and watch for expirations. Your people make every final decision, and **every step leaves a receipt.**

90-second product walkthrough. No login required.

Live Rōvn product, August 2026. 13 clinician design partners use it with their own credential data. Organization views shown with synthetic data.

Rōvn

Her file lands on a coordinator's desk. Here's what changes.

Before Rōvn

112 days

Today
(surveyed physician average)

Chases documents across spreadsheets, portals, and inboxes.
Restarts every verification from zero. Discovers expired credentials only after they've blocked a start

After Rōvn

14 days

Our target.
Not a result yet.

Her file arrives already investigated, with a recommended next step.
Verified proof carries over from the clinician's own record. Expirations flagged and fixed before they block anyone

The mechanism, in one line: **reuse removes re-verification, and agents remove idle chase time** — agents chase, humans decide. What remains is how fast licensing boards and schools respond — that part we don't control, and we say so.

112 days: AMA/AAPPR surveyed physician population. 14 days is Rōvn's operating target and is labeled as a target everywhere it appears.

Who signs the check, and what they pay.

The buyers

Physician + specialty groups	Practice administrator / COO — operations budget
Surgery centers	Facility administrator — clinical-ops budget. The final call on what each clinician may do stays with the center's governing board, as regulation requires — Rōvn prepares the file, the board decides.
Behavioral health organizations	HR / credentialing director — workforce budget

Hospitals and health systems come after proof, not before.

The prices

Free Clinicians	The record belongs to them.
$2.5K/mo Founding pilot	One site, staff roster loaded, readiness + monitoring live
$20K/mo Planned standard	Multi-site + integrations (~$240K/year). Planned — not yet charged.

Implementation

Signed agreement → roster loaded → monitoring live. Run end-to-end by the COO.

Buyer titles reflect the pattern across the 9 signed letters of intent, confirmed per account in diligence. Pilot and standard pricing are founder planning models until charged in production; pilot terms confirmed against signed LOI PDFs in the evidence room. Surgery-center governance per federal conditions for coverage: privileging authority rests with the governing body.

Demand signed before a dollar collected. On purpose.

9
signed letters of intent

~$300K in stated purchase intent. Not revenue. Not customers. Not paid pilots.

$0
collected

Deployments wait until healthcare's trust agreements close: HIPAA readiness, SOC 2 audit path, identity + background-check vendor agreements.

13
clinician design partners

Clinicians like her, on the live product with their own credential data.

256+
discovery conversations

Healthcare executives, operators, and clinicians.

How it was sold: the founders closed all 9 letters themselves, from that warm pipeline of 256+ conversations. The trust gates close once, then every later deployment reuses them. Target after gates close: one new signing per week — but this round is judged on **4–5 paid, full price deployments**, not on signatures.

Beyond founder-led sales: every live organization brings its roster and job postings onto Rōvn, and every clinician who claims a record becomes a referral channel into the next one.

All nine letters are for the founding pilot tier. First payment triggers when the trust gates close and each pilot activates. Standard-tier pricing stays labeled planned until a pilot converts.

Founder-confirmed, August 2026. Evidence room: signed LOI PDFs and product activity records. Letters of intent are never counted as revenue, customers, or paid pilots anywhere in this deck.

A big market, counted from the bottom up.

~150K × **$30K/yr** = **$4.5B**

U.S. physician-office businesses (Census Economic Census, NAICS 6211)

Low-end value per organization (our pricing assumption). $30K is the conservative floor (pilot tier annualized); standard runs ~$240K. The market is deliberately priced at the floor.

Physician-practice category alone.

Where we start

Within that same base: **~15,000 multi-provider physician groups** — one filter applied: groups with more than one provider, the slide-6 buyer profile. ≈ **$450M.**

The ~15,000 is a founder planning assumption until organization-level counts replace it.

First proof, this round

4–5 customers at full standard price = **$960K–$1.2M** annual recurring revenue.

The plan is to own this narrow segment first — multi-provider groups — before touching hospitals. Small market, big share, then expand.

Deliberately left out of the math

Surgery centers and behavioral-health organizations — also slide-6 buyers — plus hospitals, health systems, staffing, and billing all sit on top of these numbers.

U.S. Census Bureau Economic Census, NAICS 6211 (table EC2262BASIC); table extract in the evidence room. $30K and $240K values are Rōvn pricing assumptions. ~15,000 starting cohort is a founder planning assumption pending organization-level deduplication. No top-down healthcare market figure is used.

Two cofounders.
$60K of the CEO's own money to a live product.

Giles-Evan Mboumi

Cofounder & CEO

3 years of enterprise healthcare sales. Built and shipped Rōvn's initial platform end-to-end. MIS and computer science background. Led operations teams on federally awarded contracts across France, Gabon, and the US.

Christian Montgomery

Cofounder & COO

Healthcare IT operator: systems administration inside healthcare organizations, cybersecurity degree, network of health-system executives. Co-built Rōvn's initial platform.

The healthcare credibility is lived, not resumed.

The CEO watched his mother — a nurse — wait unpaid through this exact process for twenty years. Rōvn is built alongside 13 clinician design partners and shaped by 256+ conversations inside healthcare organizations.

Harshit Gupta

Platform engineering. MS CS, Indiana University. Deep healthcare domain expertise.

Arju Singh

Founding engineer. Frontend, platform + product surfaces.

Jerry Kou

Product + design. 5+ yrs fintech compliance flows.

Tyler Nwokolo

Clinician growth. NYU Finance + Economics.

Two cofounders; founding team members are founding operators with functional ownership, not cap-table claims. Backgrounds founder-confirmed; quantified outcomes subject to diligence verification.

The real competitor is LinkedIn. Rōvn replaces it with verified infrastructure.

LinkedIn owns professional identity today — but it's self-reported, generalist, and useless to a credentialing office. Healthcare's answer has been fragments: **Vivian for jobs; Medallion, Verifiable, symplr for credentialing; Axuall for verification** — each owns one step of the paperwork. Rōvn streamlines what they do separately into one verified network, then operates the work end to end.

The network effect

Worker-owned verified records attract clinicians (supply) · a verified clinician pool attracts facilities (demand) · every live facility brings its roster and jobs, which brings more clinicians. Each side compounds the other.

Rōvn keeps the record **with the clinician.** Every job it's carried to makes it more complete, more current, and harder to leave behind. The bet: when that nurse takes her next job, she comes back — because her record already lives here, and starting over anywhere else costs time she won't spend twice.

Stated honestly: this is a thesis, not a result. It becomes a fact the day we measure one clinician's verified proof reused at a second organization. That measurement is what this round buys. If it holds, it compounds for decades: every verification adds to a record no competitor can reconstruct, and every organization that trusts the record makes it more valuable to the next one.

Competitor descriptions reflect official public positioning, August 2026. No no-competition claim. Defensibility is labeled a thesis until cross-organization reuse is measured.

The demand is signed. $1.5M buys the conversion, not the discovery.

Raising **Pre-seed**

$1.5M

The ask: $1.5M pre-seed. Seeking a lead ($500K+); participating checks $50K - $250K. Instrument and terms direct from the CEO.

Use of funds: compliance + security · implementation + customer success · product engineering · clinician growth. Detailed allocation in the data room.

What this round proves — you fund it, we deliver four gated targets in six months.

01 **Trust gates closed** — the privacy, security, and vendor agreements that block deployment today

02 **4–5 paid, full-price customers** converted from the signed letters — $960K–$1.2M in annual recurring revenue

03 **Reuse measured** — one clinician's verified proof reused at a second organization, with the second start measurably faster and cheaper. The moat becomes a fact, or we say it didn't.

04 **20 healthcare organizations** in the founding pilot program, and 35,000 verified workers on the platform — launch-and-growth targets, not forecasts

Day 78 becomes day 14 — that's the target this round exists to prove.

Beyond the six months: Year 1 — conversion proven. Years 2-3 — hospitals + health systems, network density. Series A on measured reuse.

Verify once. Work anywhere.

Rōvn, Inc., a Delaware corporation. All targets are planning assumptions, not forecasts; pilot-cohort and worker figures are growth targets tied to the October launch plan. No valuation stated; terms subject to CEO and counsel approval. Appendix on request.