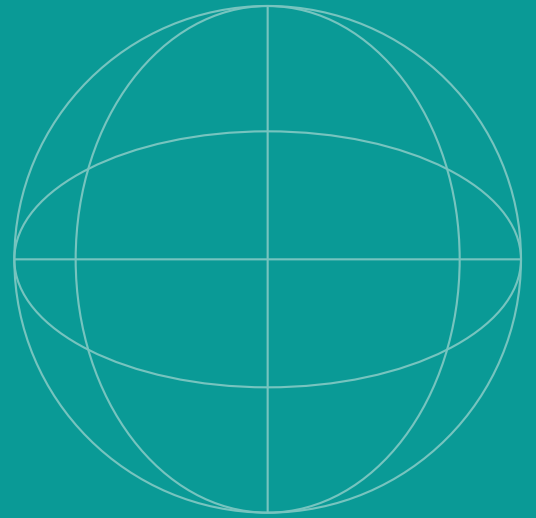


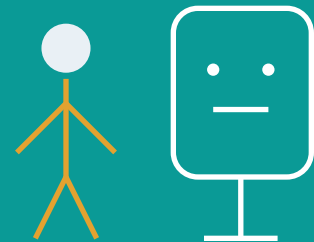
A PARTNERSHIP INVITATION FOR FUNDERS, STRATEGIC PARTNERS & VOLUNTEERS

Education for the Age of Longevity and Intelligent Care

Building the human talent behind eldercare, integrative health, responsible AI, and human-robot collaboration.



Join IULS in transforming a newly approved online university into a global platform for learning, workforce development, and age-tech innovation.



40

SEMESTER UNITS

10

GRADUATE COURSES

100%

ONLINE

2026

BPPE APPROVAL

Master of Science in Complementary and Integrative Health (online) (provisional). IULS is not institutionally accredited.

THE GLOBAL CONTEXT

The longevity transition is already here.

Longer lives are a human achievement - and a profound workforce, education, technology, and care-design challenge.

1 in 6

people worldwide will be age 60+ by 2030.

2.1B

people age 60+ are projected by 2050.

80%

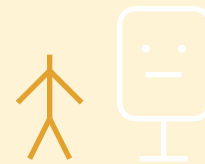
of older people will live in low- and middle-income countries by 2050.

Population ageing is accelerating across high-, middle-, and low-income countries. Health systems, families, senior-living organizations, technology companies, and educational institutions all need new models that preserve dignity, independence, safety, cultural respect, and human connection.

What the system must solve

- Rising long-term care demand
- Stagnant or insufficient care workforces
- More chronic conditions and mobility limitations
- Family caregiver burden
- Need for culturally responsive and multilingual support
- Pressure to adopt technology without losing human judgment

The future of eldercare will not be human OR machine. It will be trained people working responsibly WITH intelligent tools.



THE MARKET SIGNAL

Three markets are converging around eldercare.

Third-party forecasts indicate rapid growth in assistive robots, healthcare humanoids, and general-purpose humanoid platforms.

Elder Care Assistive Robots

\$3.9B → \$9.8B

2026 2033

14.2% CAGR

Healthcare Humanoid Robots

\$2.96B → \$12.52B

2026 2035

17.2% CAGR

Overall Humanoid Robots

\$10.69B → \$248.9B

2026 2036

37.0% CAGR

Healthcare represents 28% of the humanoid robot market in 2026, according to FMI.

Growth drivers

- Ageing populations and caregiver shortages
- Generative AI, LLMs, vision, sensors, and embodied intelligence
- Lower hardware and component costs
- Demand for monitoring, mobility support, logistics, guidance, and social interaction
- Growing smart-home, hospital, senior-living, and home-care adoption

Eldercare use cases

- Monitoring and check-ins
- Mobility and fall support
- Guidance and navigation
- Companionship and engagement
- Household and logistics tasks

These are commercial market estimates, not guarantees. IULS uses them as strategic context for education and partnership planning.

THE IULS PLATFORM

A launch-ready institution with a transparent mandate.

IULS has moved from concept to state-authorized operation and now seeks partners to build sustainable capacity.

BPPE-APPROVED INSTITUTION

BPPE approval effective July 22, 2026 through July 22, 2031

Institution Code 20260722143

40

SEMESTER UNITS

Launch assets already in place

- One approved 40-semester-unit online master's degree program
- Ten graduate courses and 1,800 estimated learning hours
- Fully online asynchronous delivery through Moodle
- Faculty-recorded instruction and optional BigBlueButton sessions
- Online library, information-retrieval, accessibility, and technical support
- Responsible AI-supported navigation with faculty authority for teaching and grading
- Faculty Handbook, compliance controls, assessment systems, and accreditation plan

Founder leadership

Founded and led by Yuhsun Shih, Ph.D., an online-learning and instructional-design educator with a Ph.D. in Education, an M.S. in Computer Science, Quality Matters peer-review experience, and more than two decades in higher education and distance learning.

Transparent accreditation pathway

IULS is not institutionally accredited. It has identified the Higher Learning Commission as its intended accreditor but currently holds no HLC candidacy, membership, or accreditation status. BPPE requires the applicable two-year accreditation milestone by July 22, 2028 and full accreditation by July 22, 2031.

IULS operating ecosystem



PROGRAM-TO-INDUSTRY ALIGNMENT

A whole-person curriculum for the eldercare ecosystem.

The approved master's curriculum connects biomedical science, cultural traditions, psychology, nutrition, evidence, ethics, and AI.

Science of Ageing

Molecular and cell biology supports understanding of ageing, chronic conditions, genetics, signaling, and biotechnology.

Whole-Person & Cultural Context

Foundations, acupuncture/bodywork theory, and TCM frameworks build cross-cultural literacy and respectful comparison of health traditions.

Nutrition & Herbal Safety

Nutrition and herbal courses emphasize evidence, safety, contraindications, adverse effects, and responsible interpretation.

Mind-Body & Mental Health

Mind-body techniques and clinical psychology support understanding of stress, behavior, communication, social connection, and wellness.

Evidence, Ethics & Communication

Graduate assignments develop research literacy, critical appraisal, interdisciplinary communication, and professional boundaries.

AI & Digital Health

The AI course examines machine learning, NLP, multimodal data, wearables, monitoring, workflow integration, fairness, transparency, and governance.

This combination can prepare graduates to contribute to education, program administration, research support, wellness communication, digital-health projects, and age-tech collaboration - subject to each role's qualifications and laws.

The degree is academic and non-clinical. It does not authorize diagnosis, treatment, prescription, psychotherapy, acupuncture, robotics engineering, or any licensed healthcare service.

THE REALITY OF SMART ELDERCARE

From today's assistive systems to tomorrow's household robots.

Robots cannot yet independently shop, plan, and cook fully customized meals from scratch. But AI- and IoT-enabled nutrition, cooking, delivery, and feeding systems are already creating practical value.

1 Health-linked nutrition management

- Connect blood pressure, glucose, activity, allergy, and other approved health data.
- Recommend low-sodium, low-sugar, high-fiber, or texture-modified meal options.
- Support portion, calorie, hydration, and nutritional-balance tracking.

2 Food preparation and delivery

- Automated cooking systems can follow approved recipes and control oil, salt, temperature, and portions.
- Delivery robots can transport selected meals within senior communities, hospitals, or care facilities.
- Humans confirm dietary orders, allergies, food safety, and changes in condition.

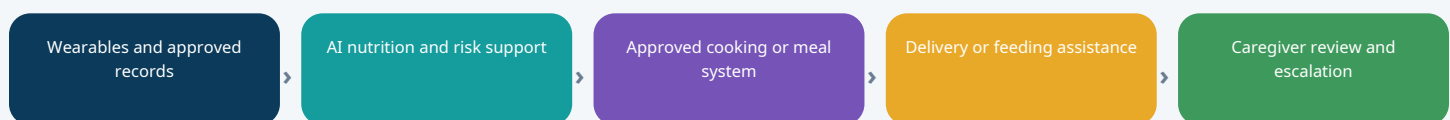
3 Eating assistance

- Sensor- and voice-guided devices can assist older adults with limited hand function or selected feeding needs.
- Safe pacing, positioning, swallowing risk, consent, and caregiver observation remain essential.
- Technology supports independence; it does not replace clinical assessment.

4 Practical boundary and human control

- No system should independently diagnose, prescribe, or override a clinician or caregiver.
- Care teams need validated data, human override, incident escalation, cybersecurity, and documented accountability.
- IULS graduates can help translate care goals into safer, culturally responsive workflows.

A responsible near-term workflow



THE STRATEGIC VIEW

The opportunity is not a single “robot nanny.” It is a coordinated human-and-technology care ecosystem designed around dignity, safety, evidence, and individual needs.

PREVENTIVE, CONTINUOUS, HUMAN-CENTERED CARE

AI companionship, continuous sensing, and earlier intervention.

The future of eldercare may combine conversation, observation, longitudinal data, and carefully governed AI to support families and professionals before small concerns become crises.

AI companionship and dementia support

Analyze words, tone, interaction patterns, and - where consented - facial cues to identify possible loneliness, cognitive change, or emotional distress. The system should encourage human connection and escalate concerns rather than impersonate a clinician.

Digital health education and pre-visit support

Provide understandable education, collect structured history, organize questions, and summarize potential risk signals for professional review. AI may reduce repetitive workload, but licensed professionals make clinical decisions.

Wearables and continuous monitoring

Smart rings, watches, and sensors can capture heart rate, oxygen saturation, sleep, activity, and other longitudinal signals. Machine learning may detect trends earlier, while users need clear thresholds, uncertainty statements, privacy protections, and referral pathways.

Digital therapeutics and timely intervention

Personalized alerts and behavior prompts may help people respond to patterns such as glucose spikes, inactivity, poor sleep, or missed routines. Any claim of treatment effect requires evidence, regulatory authorization where applicable, and professional oversight.

Advanced autonomy and multi-agent AI

Future systems may coordinate specialized AI agents for complex conditions such as diabetes and related cardiovascular, eye, kidney, or nutrition concerns. Outputs must remain auditable, uncertainty-aware, bias-tested, and subject to clinician validation.

What IULS graduates can contribute

- Translate older adults' needs into respectful, culturally responsive care and robot workflows.
- Configure prompts, system instructions, retrieval knowledge bases, and approved escalation rules.
- Support supervised fine-tuning, evaluation datasets, multilingual testing, and scenario simulations.
- Evaluate hallucinations, bias, privacy, accessibility, empathy, safety boundaries, and human override.
- Track quality measures, incidents, outcomes, and continuous-improvement actions with care and engineering teams.

The graduate capability loop

Understand the person and care context

Configure AI/LLM and approved knowledge

Test scenarios, safety, bias, and accessibility

Deploy with human oversight

Measure outcomes and improve

Program boundary: IULS provides academic, interdisciplinary education. It does not train robotics engineers or licensed clinicians and does not authorize diagnosis, treatment, prescription, psychotherapy, acupuncture, or other licensed services.

TELEHEALTH AND CONNECTED HEALTH EDUCATION

Connected Health, Wherever Learning Happens

Expanding access to learning and health communication through responsible technology, professional oversight, and human judgment.

How telehealth can support learning

Telehealth is transforming how people communicate, learn, and engage with healthcare. Using a smartphone, tablet, or computer with reliable internet and audio-video capability, individuals can participate in virtual consultations, access health education, and stay connected with qualified professionals without unnecessary travel or geographic barriers.

Everyday devices

Common internet-connected devices with a camera and microphone can support authorized virtual interaction, communication, and learning.

Connected technologies

Telemedicine, IoT, IoMT, wearables, smart sensors, and mobile technologies are expanding possibilities for education and professional communication.

Responsible application

Technology should support, not replace, qualified professionals. Privacy, security, accuracy, professional judgment, and human oversight remain essential.

FROM CONNECTIVITY TO RESPONSIBLE LEARNING

Connected-health technologies can help individuals and healthcare professionals collect and share relevant information, support remote observation, maintain communication, and identify trends that may warrant professional attention. IULS positions these technologies as educational tools and vehicles for professional capability development - not as independent clinical services.

EDUCATION • DIGITAL LITERACY • PRIVACY • HUMAN OVERSIGHT

THE IULS DIGITAL PLATFORM VISION

Connecting Education, Technology, and Human Care

Building upon the Telehealth PDA course through mobile learning, an online community, and responsible use of connected technologies.

To complement its NCBAHM-approved Telehealth PDA course, International University of Life Sciences (IULS) plans to further develop a telehealth-enabled mobile learning and community platform connecting education, digital-health resources, and responsible technology use.

The platform and community will help learners:

Explore reliable information

Access appropriately selected health and life-science information.

Strengthen digital literacy

Build health literacy and digital-health literacy.

Join educational communities

Discuss health, eldercare, and intelligent health technologies.

Use technology responsibly

Study telehealth, wearables, IoT, IoMT, and AI within clear boundaries.

Support ongoing communication

Understand how technology can support health management under professional guidance.

Recognize referral needs

Learn when health concerns should be referred to qualified professionals.

A CLEAR EDUCATIONAL POSITION

The platform is envisioned as an extension of IULS's educational mission, not a substitute for medical services or clinical care. It does not independently diagnose disease, provide treatment, prescribe, or perform services reserved by law for licensed healthcare professionals.

A FUTURE-READY LEARNING ENVIRONMENT

By combining telehealth education, online community engagement, digital-health technologies, and responsible AI, IULS aims to create a more accessible, interactive, and human-centered environment that prepares learners for the convergence of education, healthcare, eldercare, and intelligent technology.

EDUCATIONAL AND NON-CLINICAL DISCLAIMER

IULS provides education and learning support. Its digital platforms do not replace licensed healthcare professionals or independently provide medical diagnosis, treatment, prescription, or other licensed healthcare services.

IULS STRATEGIC POSITIONING

The Human Layer for Embodied AI in Eldercare

The future of eldercare is not a choice between people and machines. It is rigorously trained people collaborating responsibly with Embodied AI and intelligent tools.

IULS was created for this historic convergence. It is being developed as a differentiated online graduate academic and workforce-development platform that brings together Traditional Chinese Medicine, holistic integrative health, responsible artificial intelligence, and human-machine collaboration workflows.



TECHNOLOGY BUILDERS

Companies such as Tesla, NVIDIA, and Figure AI are investing in intelligent-robot hardware, foundation models, and world models.



THE DEPLOYMENT GAP

Eldercare organizations, hospitals, and smart homes also need safe scenarios, usable workflows, human oversight, and clear escalation paths.



THE IULS FOCUS

IULS focuses on the scenario and workflow models that help people evaluate and introduce these systems responsibly in culturally diverse settings.

A DISTINCTIVE INTERDISCIPLINARY LEARNING PLATFORM

The aim is not to replace caregivers or clinicians. It is to prepare graduates to connect human needs with emerging technology through supervised, evidence-informed design, evaluation, communication, privacy, accessibility, and ethical governance.

CAPABILITY PATHWAYS

Care-workflow and systems design

Prompt and interaction engineering

Ethics, safety, and human oversight

THE FUNDING THESIS: BUILD THE HUMAN LAYER

Supporting IULS means supporting the human intelligence layer and ethical safety boundaries required for Embodied AI to serve the longevity economy responsibly.

PROPOSED SHARED INFRASTRUCTURE

A care-workflow simulation environment using open-source robotics, such as the YOR platform, and generative AI. Under human supervision, students could configure prompts, test hallucinations, evaluate bias, document failures, and rehearse safe escalation before any real-world use.

Strategic concept only. Subject to curriculum approval, qualified supervision, funding, facilities, insurance, privacy and safety review, BPPE requirements, and accreditor review. Company names are market-context references only; no affiliation or endorsement is implied. Career pathways are illustrative and do not guarantee employment, licensure, or eligibility for regulated practice. IULS does not provide clinical or engineering services through this concept.

PROPOSED APPLIED GRADUATE CAPSTONE

From Simulation to a Supervised Embodied-AI Prototype

A learning-first pathway for integrating human-centered eldercare scenarios, open robotics, local AI, and explicit safety controls.

The proposed capstone is interdisciplinary and non-clinical. Students would design, simulate, document, and evaluate a bounded human-robot workflow under qualified supervision. It does not train students to become licensed engineers or clinicians, and a free-standing biped is not required.

01 Frame the scenario

Select a non-clinical eldercare task. Define the user, environment, consent, accessibility, risk, and human escalation path.

02 Simulate first

Model the workflow in MuJoCo or a comparable environment. Validate joint limits, safe states, failure modes, and an allow-listed skill schema.

03 Teleoperate and observe

Use an arm, mobile manipulator, or partner-provided platform to collect demonstrations and study usability before autonomy.

04 Add a bounded local agent

An LLM/VLM may select approved skills through ROS 2, but never send raw motor, torque, or unrestricted control commands.

05 Evaluate and communicate

Test privacy, bias, hallucinations, accessibility, reliability, human override, and referral/escalation behavior; report limitations honestly.

CAPSTONE EVIDENCE PACKAGE

- Scenario and stakeholder brief
- Risk register and privacy plan
- Simulation or supervised prototype
- Data/model documentation
- Safety SOP and test log
- Demonstration and reflection

NON-NEGOTIABLE SAFETY GATE

Hardware work requires qualified technical supervision, current project documentation, physical emergency stop, current/velocity limits, guarded testing, logged faults, and deterministic low-level control. The language model remains outside the safety loop.

OPEN PLATFORMS AS REFERENCES

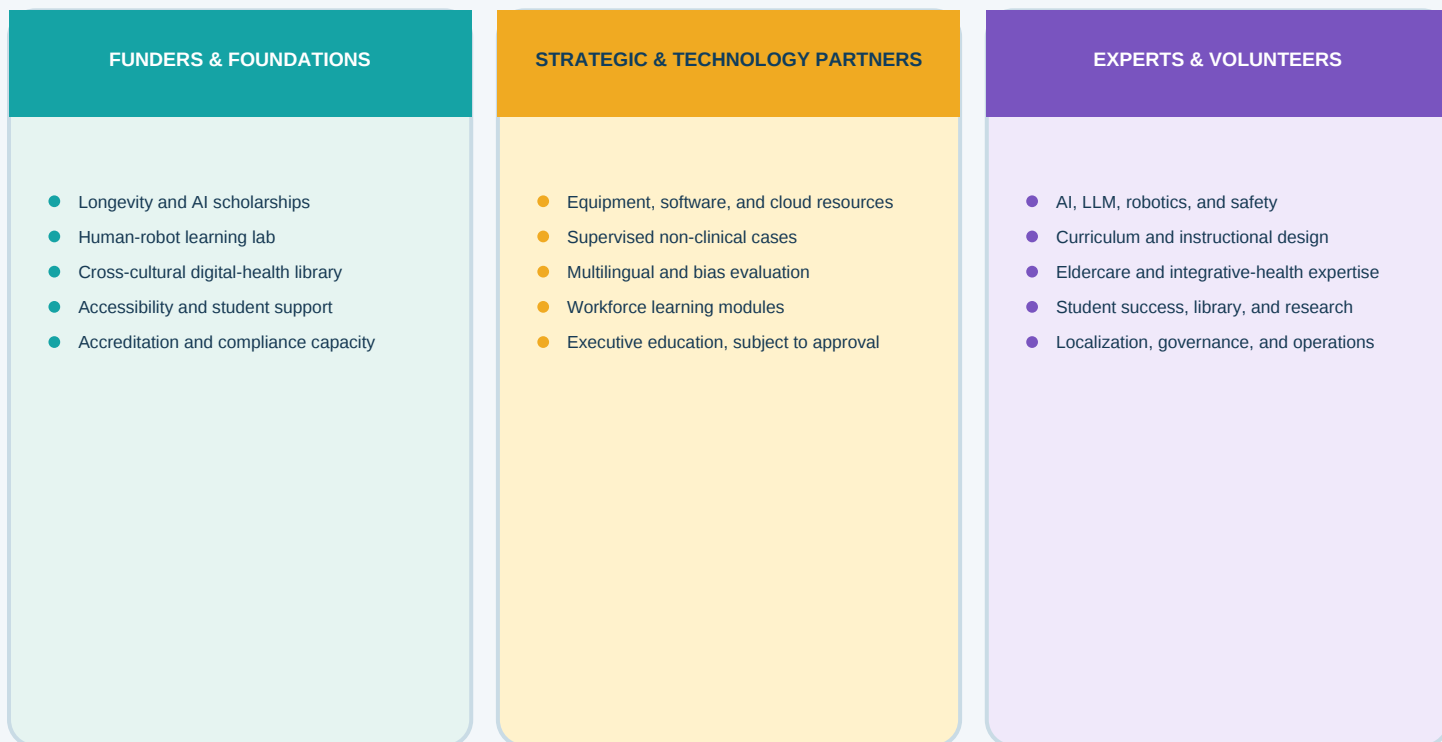
YOR is an open-source bimanual mobile manipulator with a published BOM near US\$10,000 and MuJoCo/physical control support. Hugging Face LeRobot provides open tools for teleoperation, datasets, training, and evaluation. Platform selection and purchasing remain subject to faculty, partner, safety, budget, and approval review.

Proposed concept only. Subject to curriculum approval, qualified faculty and technical partners, funding, facilities, insurance, BPPE requirements, and accreditor review. Sources: yourownrobot.ai; build.yourownrobot.ai; github.com/YOR-robot/YOR; github.com/huggingface/lerobot.

FUNDER, PARTNER, AND EXPERT ACTIVATION

Turn a Capstone into a Partnership Engine

Capital, equipment, cases, and expertise can create documented learning value when governance and academic independence come first.



A RESPONSIBLE VALUE-CREATION LOOP



CLEAR TERMS, CLEAR BOUNDARIES

Every role requires a written scope, privacy and confidentiality controls, conflict review, and professional boundaries. IULS does not provide clinical services, promise employment, guarantee project outcomes or investment returns, or permit unapproved health or technical claims. Academic decisions remain under IULS authority.

2026-2031 GROWTH ROADMAP

Build IULS and the eldercare innovation ecosystem.

The roadmap is a planning framework, not a guarantee. Priorities remain subject to funding, compliance, BPPE requirements, and accreditor review.



What participation can unlock

- Working capital and scholarships
- Faculty and student-support resources
- AI/robotics equipment and software
- Accreditation and compliance capacity
- Marketing and international partnerships
- Data, assessment, and impact reporting

FOR FUNDERS & STRATEGIC PARTNERS

Multiple ways to participate - with clear boundaries.

IULS welcomes mission-aligned funders, sponsors, donors, technology partners, employers, care organizations, and project collaborators.

Student Access

Scholarships, emergency support, global recruitment, and learner-success resources.

AI & Robotics Learning Lab

Software, hardware, simulation, cloud resources, vendor demonstrations, and faculty development.

Eldercare Curriculum

Sponsored case studies, microcredentials, executive training, and workforce modules, subject to approval.

Technology Infrastructure

Moodle, analytics, cybersecurity, accessibility, media production, library, and student support.

Research & Evaluation

Ethical, non-clinical studies, impact evaluation, surveys, and thought leadership under required review.

Global Partnerships

Localization, translation, recruitment, institutional collaborations, and regional learning communities.

Potential partner benefits

- Early engagement with an emerging eldercare and age-tech talent pipeline
- Co-development of non-clinical pilots, case studies, and workforce learning
- Strategic visibility and thought leadership aligned with actual contribution
- Access to cross-cultural education, AI, integrative health, and ageing expertise
- Privacy-protected impact reporting and learning feedback
- Possible project revenue participation only under a separate lawful written agreement

Important

IULS is a nonprofit public benefit institution. This brochure does not offer equity, securities, ownership, tax deductions, or guaranteed returns. Any donation, sponsorship, recoverable grant, joint venture, licensing, or revenue-sharing arrangement requires separate legal, tax, nonprofit, BPPE, conflict-of-interest, and accreditation review.

VOLUNTEER WITH IULS

Bring your expertise to a university at the beginning of its journey.

Volunteers can help IULS launch responsibly, serve international learners, and connect education with the future of eldercare.

Academic & Curriculum

Course review, instructional design, faculty mentoring, assessment, writing, and accessibility.

AI, LLM & Robotics

Tool evaluation, prompt and model-adaptation labs, safety reviews, workflow simulation, vendor-neutral demonstrations, and student mentoring.

Eldercare & Health Expertise

Senior living, caregiving, psychology, nutrition, public health, ethics, and cultural competence.

Student Success & Research

Advising support, information literacy, library guides, tutoring, career education, and community building.

Global Outreach

Translation, localization, marketing, alumni/community relations, and international partnerships.

Institutional Capacity

Grants, fundraising, compliance, accreditation, governance, finance, technology, and operations.

What volunteers can gain

- Meaningful service addressing global ageing and education access
- A portfolio of documented, real-world contributions
- Cross-disciplinary networking and leadership experience
- Recognition, service documentation, and references based on actual work
- Learning opportunities across online education, integrative health, AI, and age-tech
- Consideration for future paid or project roles when funding and institutional needs permit - never guaranteed

Flexible participation

- Advisory service
- Short-term project
- Recurring weekly contribution
- Regional ambassador
- Student or faculty mentor

Volunteer roles require written scope, confidentiality, privacy, conflict-of-interest, and professional-boundary agreements. Volunteers may not provide clinical services, represent unapproved claims, or access student information without authorization.

JOIN THE FOUNDING OPERATING COMMUNITY

Help build education for longer, healthier lives.

Fund a priority. Sponsor a lab. Open a partnership. Mentor a learner. Contribute expertise. Introduce IULS to institutions that share the mission.

“

The next chapter of IULS is not only about launching a degree. It is about building a global learning community that respects traditional knowledge, evaluates evidence, uses AI responsibly, and prepares people to serve an ageing world with dignity.

Start a conversation

Yuhsun Shih, Ph.D. |
President



lifesci.education

Due-diligence summary

- BPPE approval: July 22, 2026 to July 22, 2031; Institution Code 20260722143.
- Approved degree: Master of Science in Complementary and Integrative Health (online) (provisional).
- IULS is not institutionally accredited; HLC is an intended accreditor only, with no current status.
- The program is academic, theoretical, and non-clinical; no licensure or employment outcome is guaranteed.
- Market projections are third-party estimates and are not IULS financial forecasts or investment guarantees.
- This brochure is an invitation to discuss support and partnership, not an offer to sell securities or ownership.

Selected sources

1. BPPE approval letter and approved program list, July 22, 2026 - IULS records
2. IULS Catalog, Faculty Handbook, accreditation plan, and approved course syllabi - IULS records
3. WHO: Ageing and health - [who.int](https://www.who.int)
4. UN DESA: World Population Prospects 2024 - un.org
5. OECD: Ageing and long-term care workforce - oecd.org
6. Grand View Research: Elder Care Assistive Robots Market, 2026-2033 - grandviewresearch.com
7. Research Nester: Healthcare Humanoid Robot Market, 2026-2035 - researchnester.com
8. Future Market Insights: Humanoid Robot Market, 2026-2036 - futuremarketinsights.com
9. Research literature on socially assistive robots and LLM-enabled healthcare robots
10. NIST AI Risk Management Framework; WHO and UNESCO AI ethics guidance