



Click "Sign Up".

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FMC ACCEPTED BY ABOG FOR MOC CATEGORY IV

Completion or maintenance of the Inteleos Fetal Monitoring Credentialing program may be used to maintain NCC's Electronic Fetal Monitoring (C-EFM) Certification.

FMC Program Transfers to Inteleos



Practice Administrator Instructions



Study Guide

Sign Up!

Please select the icon that best represents you.



Exam Taker

The Inteleos Fetal Monitoring Credentialing (FMC) Program allows participants to demonstrate knowledge and judgment of fetal heart rate monitoring principles defined by national consensus. Leading experts in the United States have been involved in development of the credentialing examination for fetal heart monitoring. [Sign Up!](#)



Practice Administrator

The Fetal Monitoring Credentialing (FMC) Program offers a Practice Administrator account to assist hospitals with managing registration and payment for their providers. [Sign Up!](#)

Click "Practice Administrator".

What is a Practice Administrator Account?

The Fetal Monitoring Credentialing program offers a Practice Administrator Account to assist with payment of registration and training fees. The Practice Administrator Account gives practice administrators the ability to manage payments for their providers who participate in the Fetal Monitoring Credentialing Program.

What are the benefits?

- Manage payments for an unlimited number of providers across multiple practice locations using a single account
- Receive account usage notifications via email
- The ability to replenish funds to ensure no disruptions in usage

How do I create an account?

Click the button below, "Create an Account", and follow the on-screen instructions. You will be asked to provide information regarding yourself, the practice location(s) you manage, the amount to be funded, and the form of payment.

Already registered? [Log in](#)

Click "Create Account".

Create Account

Cancel

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Please read the following terms and conditions and indicate your agreement before continuing.

Legal Notices and Privacy Policy

Inteleos provides the Credentialing Examination for Fetal Heart Monitoring. Inteleos respects the confidentiality and the identity of individual visitors to fmc.inteleos.org (collectively the "website"). By using the website and participating in Inteleos programs, you will share important personal information with us, including but not limited to the name of your workplace, work demographics, telephone number, email address, credentials, and clinical role.

For information regarding how your personal information is used and the circumstances under which it is shared with third parties, please review the [Inteleos Privacy Policy](#).

Registered User Account and Password

In order to use this site, such as to take examinations or review certain materials or our resources, you will be able to register and create a user account to allow you to have a more personalized user experience. You are responsible for maintaining the confidentiality of your user name and your password. Further, you are fully responsible for all activity on your account. Inteleos does not maintain any responsibility or have any liability for lost or stolen passwords or user names nor for any unauthorized use of your account.

Security

We employ the latest encryption software to prevent unauthorized use of information stored on our servers. In areas of the site where users must provide personal information for purchasing certain services, only relevant information will be forwarded via Secure Socket Layer (SSL) utilities in order to fulfill these requests.

Use of Cookies

I have read and agree to be bound by the Legal Notices and Privacy Policy

Click "Continue".

Continue

Cancel

* Indicates Required Fields

* First Name:

* State:

* Last Name:

Enter telephone #'s in 555-555-5555 format.

Middle Initial:

* Work Phone:

Suffix:

Cellular Phone:

* Organization:

* Choose a User ID:
 User ID must be at least 6 characters.

* Password:

* Confirm Password: Please review the [password rules](#) before setting your password.

* Security Question:
 If you forget your username, we will ask for your security answer.

* Security Answer:

* E-mail:

* Confirm E-mail:

Click "Continue".

Continue

Cancel

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* Indicates Required Fields

Please indicate all practice locations where you work.

You must select at least one practice location in order to continue.

If your practice does not appear in the list, click the link below to add a new location.

* Country: United States

* State: Virginia

Phone: 223-456-7890

* Practice Name: S00795: The Woman's Center, S00107: University of Virginia (223-456-7890), S02658: Valley Health, S00038: VCU Health System, S03008: Virginia complete Care for Women



If you do not see your location listed above, click here to add a new location.

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Click "Continue".

Continue

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Use the grid below to edit or delete practice location information:

Edit	Delete	Practice ID	Practice Name	State	Phone	Country
		S00107	University of Virginia	VA	+12234567890	United States

Go Back

Add Another Location

Continue

Cancel

Click "Continue" if there are no other locations to add. Otherwise click "Add Another Location".

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Use the grid below to edit or delete practice location information:

Edit	Delete	Practice ID	Practice Name	State	Phone	Country
		S01899	Fairfax Loudoun ObGyn	VA	+12234567890	United States
		S00107	University of Virginia	VA	+12234567890	United States

Go Back

Add Another Location

Continue

Cancel

Click "Continue" if there are no other locations to add. Otherwise click "Add Another Location".

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* Indicates Required Fields

Please select one of the following to proceed:

Account will have one shared balance among all practice locations

Select this option if you wish to provide one sum of money to be used by providers at all of your practice locations. The funds will be used on a first-come, first-served basis rather than having specified amounts allocated to each practice and will be accessed by providers through the use of a promo code. You must enter the initial funding amount and assign a promo code below. You will be notified when funds get low. Note that this is the appropriate option if you manage only one practice.

Account will have a separate balance for each practice location

Select this option if you wish to provide a separate sum of money for each practice location in your account. The funds will be accessed by providers through the use of promo codes. You must specify the amount to allocate to each practice and assign promo codes below. You will be notified when each gets low. The total charge must be paid with just one credit card.

NOTE: The promo code you declare must be 6-12 characters in length using A-Z and/or 0-9.

ID	Practice Name	Address	City	State	Balance	Amount Funded	Promo Code
S01899	Fairfax Loudoun ObGyn	3930 Pender Drive, Suite 60	Fairfax	VA			
S00107	University of Virginia	PO Box 800712	Charlottesville	VA			

Enter the amount you wish to fund.

* \$ *

Check here if you wish to pay by check

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Continue

If paying by a credit card, the next screen will appear after clicking "Continue". If paying by check please check the box, "Check here if you wish to pay by check" before clicking "Continue".

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Qty	Description	Amount
1	Reg. Training Shared Funding	\$500.00
		Total: \$500.00

* Indicates Required Fields

* Credit Card Type:



* Card Number:

* Expiration Date:

* CVV:

* Card Holder Name:

* Address 1:

Address 2:

* City:

* State:

* Zip Code:

[Go Back](#)

Your credit card will be charged once you click "Confirm Your Order". Please click only once and wait for the transaction to complete. Clicking more than once may result in your credit card being charged more than once.

[Confirm Order](#)

[Cancel](#)

Click "Confirm Order" after entering your information.

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Qty	Description	Amount
1	Reg. Training Shared Funding	\$500.00
Total:		\$500.00

NOTE: Check must be received in our office by Monday, February 24, 2025 (4 weeks).

Please make the check out to **Inteleos**.

Mailing Address:

Inteleos Inc.
PO Box 411511
Boston, MA 02241-1511
ATTN: FMC - Accounting Department

Your account will be charged once you click "Confirm Your Order". Please click only once and wait for the transaction to complete. Clicking more than once may result in your being charged more than once.

[Go Back](#) [Confirm Order](#) [Cancel](#)

Click "Confirm Order" after entering your information. This screen assumes you checked the box, "Check here if you wish to pay by check" on the previous screen.

Registration and Training Funding Confirmation

Your order has been successfully charged in the amount of \$500.00. An email confirmation will be sent out shortly.

 [Printer Friendly Version](#)

Qty	Description	Amount
1	Reg. Training Shared Funding	\$500.00
Total:		\$500.00

Do not click your browser's "Back" button, refresh the page, or open a new browser window from this page, as it will create extra transactions on your account.

[Continue](#)

Click "Continue".

Welcome, Myfirstname Mylastname

You can access your personal account information for the Practice Administrator Account at any time. You have the ability to edit your profile, view reports, fund your account and change your password. Simply click on the links below.



User Profile



Account History



Practice Locations



Institutional Report



Account Funding



Change Password



Participation Status

You have completed registration. Congratulations!