



## Welcome to the Inteleos Credentialing Examination for Fetal Heart Monitoring

Welcome to the Inteleos Credentialing Examination for Fetal Heart Monitoring. This assessment focuses on the role of electronic fetal monitoring in the management of obstetrical cases.

The Inteleos examination 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.

You will be asked to apply your judgment in the management of clinical cases and to demonstrate your knowledge of current guidelines.

Inteleos is committed to improving the quality of Maternal – Fetal Medicine medical services by providing state of the art educational programs, and evidence-based, statistically valid monitoring systems to evaluate current practices and facilitate the transition of emerging technologies into clinical care.

The Inteleos credentialing examination in EFM is open to physicians, nurses, and others involved in management of labor and delivery patients.

Inteleos recognizes that fetal intolerance to labor may have long-term sequelae. Standardized language, knowledge, and protocols related to fetal heart monitoring contribute to fetal safety.

Registration information and results from the examination are the sole property of the Inteleos.

Please click on the link below to register.

Click "Continue".	Continue	Cancel	



* First Name: MuClashing	* Highest Primary Degree
Loct Name: Myrisuvane	Associate's Degree
Middle Initial:	O Bachelor's Degree
Suffix:	Master's Degree PhD
t E-mail:	MD DO
* Confirm E-mail: muemail@provider.com	O None
Create User ID: muscesses	Direct Official Data
Liser ID must be at le	st 6
characters	Ob/Gyn Hospitalist
* Security What is your favorite mo	O Maternal Fetal Medicine Subspecialist
Question:	Resident In Training Select
If you forget your use will ask for the answe	rname, we O Fellow
security question.	ONUISE ONUISE
* Security Citizen Kane	ONurse Practitioner
Question Answer.	
* Gender: 💿 Male 🔿 Femal	• Date of Birth: 01/01/1960
★ Board Certified: ● Yes ○ No	Employee ID:
Faculty Member: OYes ONo	ABOG ID:
* NCC Member: ● Yes O No	* Years Utilizing EFM: 10
* Password:	Please review the password rules before setting your password
* Confirm Password:	
Enter telephone #'s in 555-555-5555 f	ormat Notes/Comments:
* Work Phone: 1234567890	
Ext:	
Cellular Phone:	
* Best Way to Reach: Work Phone 🗸	
May we send your exam results to your	hospital affiliation?
May we publish your work phone for pe	rsons seeking completed clinicians?
May we publish your e-mail address for	persons seeking completed clinicians?
I wish to receive e-mail correspondence fr	om Inteleos in:
	Continue Cano

idicates Required Fie	lds							
Are you affiliat	ed with a	a hospital sys	tem?					
If your Institute	is payin	ng for your ex	am please fir	nd the Hospi	tal Affiliation in	the drop dowr	n box below.	
* Hospital Affi	liation:	NONE						~
If your hospital	is not li	sted above, p	lease select	NONE and o	continue to the	next page.		
Go Back							Continue	Cancel
					CHCK CON	unue.		
	Logal	Profile	Hospital	Practice	Order	Payment	Order	
	Notices	Information	Affiliation	Locations	Confirmation	Information	Summary	
	U	•	•		•	•	v	
A								
		NFORM	ATION!					
Username: myus	ername							
	een creat veb site.	ted. Should ye You may log i	ou not comple n with the use	te the registr ername you c	ration process pl reated (shown a	lease <mark>do not</mark> cr above) and you	eate another acco ur chosen passwor	unt when d to
our account has be ou return to this w ontinue the proces	s.							

Please indicate	all practic	ce locations w	here you wo	ork.				
You must select	t at least (	one practice l	, ocation in or	der to continue	е.			
If your practice	does not	appear in the	e list, click th	ie link below to	add a new loca	tion.		
* Country:		United Stat	es		•			
* State:	V	irginia			~			
Phone:	-	• 2234567	7890		••••]			
* Practice	s	00107: Univ	ersity of Virg	ginia			~	
Name:		primary practi	ice location					
Go Back	ou do not	see your site	listed abov	e, click here to	o add a new site	). (];_], "()		Save
Go Back	ou do not	see your site	listed abov	e, click here to	o add a new site	e. Click "Sa	ave".	Save
Go Back	Legal Notices	see your site	listed abov	e, click here to Practice Locations	o add a new site	e. Click "Sa Payment Information	order Summary	Save
Go Back	Legal Notices	see your site	Hospital Affiliation	e, click here to Practice Locations	o add a new site Order Confirmation	e. Click "Si Payment Information	ave". Order Summary	Save
Go Back Use the grid b	Legal Notices	see your site	Hospital Affiliation 3 ie practice	e, click here to Practice Locations (4)	o add a new site Order Confirmation	e. Click "Sa Payment Information 6	order Summary T	Save
Go Back	Legal Notices Delow to Practice ID	see your site	Hospital Affiliation 3 te practice lame	e, click here to Practice Locations (4)	o add a new site Order Confirmation 5 rmation	e. Click "So Payment Information 6 * Denote: None C	order Summary T	Save
Go Back	Legal Notices Delow to Practice ID \$00107	see your site	Hospital Affiliation 3 te practice lame of Virginia *	e, click here to Practice Locations a location infor	o add a new site Order Confirmation 5 rmation State Pt VA 22	e. Click "Sa Payment Information 6 * Denote: None C 234567890 U	order Summary To s primary practic ountry Inited States	Save

order Confirmation							
lease indicate if you ha Track	ve a promotior	nal code to use	e as this will (	change your total p	ayment due.		Cost
Exam Material - Sta	ndard Physician	Registration					\$150.00
					Promotional	Code 1:	
					Promotional	Code 2:	
						Total:	\$150.00
What is a Promotional	Code?					(	Update Price
Go Back					Proceed	To Checko	ut Cancel

ty Descript	tion					1	mount
Exam Ma	aterial - Standard I	Physician Registra	ition				\$150.00
						Total: \$	150.00
dicates Require	d Fields						
* C	redit Card Ty	pe: Type of	Card 🗸	VISA	ARCENT ANTERED		5 SECURED BY
	* Card Num	ber:					
*	Expiration D	ate: Month	✓ Year	~			
	* C	VV:					
* Car	d Holder Na	me:					
	* Addres	is 1:		1			
	Addres	is 2:					
	* (	City:					
	* St	ate: Select	State	~			
	* Zip Co	ode:					
Go Back	Your cred Order". P complete.	it card will be lease click o . Clicking mo	e charged only once ar ore than one ore than or	once you cli nd wait for th ce may resu nce.	ck "Confirm You ne transaction to Ilt in your credit	r Confirm	Your Order Cance

	0	2	3	4	5	6	0	
Order	Summary							
Thar	nk you for registering	with the Feta	al Monitorin	g Credential	ing program. Th	nere was no cl	harge for this registrati	ion.
You	will receive an email	confirmation	shortly.					
	Printer Friend	Ily Version						
Qty	Description						Amount	
Qty 1	Description Exam Material - Standard	d Physician Registra	ation				Amount \$150.00	
Qty 1 1	Description Exam Material - Standard Promotional Discount	d Physician Registra	ition				Amount \$150.00 (\$150.00)	
Qty 1 1	Description Exam Material - Standard Promotional Discount	d Physician Registra	tion			Total:	Amount \$150.00 (\$150.00) \$0.00	
Qty 1 1	Description Exam Material - Standard Promotional Discount	l Physician Registra	tion	Proceed to y	your Provider S	<b>Total:</b> ummary page	Amount \$150.00 (\$150.00) \$0.00	Login

My Account 🔸 🔛 Exam	III Exam History	III Contact Us	🗰 Log Off
Provider Summary			
Name:	Myfirstname Mylastna	me	
Track:	Standard - Exam		
Step 1. Registration	Complete 1/2	24/2025	
Step 2. Complete Demo	Complete MD Demo		
Step 3. Initiate Exam	Not Complete		
Step 4. Complete Exam	Not Complete		
Step 5. Exam Status	Not Complete		
Step 6. Complete Exam Evaluation	Not Complete		
Step 7. Print Certificate of Completion	Not Complete		

You have completed registration. Congratulations!