



The Fetal Monitoring Credentialing Exam (FMC) credentials individuals, not practices. A practice administrator may create an account and deposit money that participants in the practice may draw from to pay for FMC exams.

FMC Website: <http://fmc.inteleos.org>

1. Go to the website and in the upper right hand corner **“Sign Up”** to register for the Practice Administrator Account.
2. Follow the directions for registering at our website. When you reach the section for organization please put in the main institute that will be paying.
3. Record the username and password. If you later forget the login information, seek help from fmc@inteleos.org. Do not create duplicate accounts!
4. On the Account Funding screen select “Account will have One Shared balance among all practice sites” (in most cases).
5. Create a promo code of your choice and insert the promo code in the yellow colored square. Be sure to record the promo code recorded.
6. Deposit money sufficient to pay for each test taker in your institute.
7. Each test taker will register for FMC exam and pay for the exam by inserting the promo code on the payment screen. Money will be deducted from the practice administrator account.
8. You will be notified by email when the account balance is low or insufficient. Practice administrator may see who has used the promo code by going to the registration and training tab under “ACCOUNT HISTORY” and clicking on the “+” sign.
9. Be sure and tell your providers not to sign up twice as that will draw money out of the promo accounts twice. If they forget their username or have any problems, please email fmc@inteleos.org for support. Be aware that participant mistakes that result in duplicate draws from the practice administrator funding may be corrected but it may take several weeks to refund the money to the PAA account.

Please take off the pop-up window blocker before you take this exam, otherwise you will not be able get into the exam.

Customer Service

Email: fmc@inteleos.org

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* Indicates Required Fields

* First Name:
* Last Name:
Middle Initial:
Suffix:
Enter telephone #'s in 555-555-5555 format.
* Work Phone:
Cellular Phone:

Organization:
* Address 1:
Address 2:
* City:
* State:
* Zip:

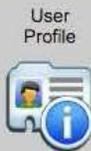
Institute Name here

* 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" when you have completed this section.

Continue

Cancel



* Indicates Required Fields

Select the practice location you want.
You must select a practice location.
If your city or state is not listed, click the link below to add a new location.

* State: * City:

* Practice Name:

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

Go Back

Click "Save Site" when you have completed this section.

Save Site

Look for Practice here or Add a new site below



* Indicates Required Fields

Please select one of the following to proceed:

Account will have one shared balance among all practice sites

Select this option if you wish to provide one sum of money to be used by providers at all of your practice sites. 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 site

Select this option if you wish to provide a separate sum of money for each practice site 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.

ID	Practice Name	Address

Put Amount need to supply account and create own personal promo code

Enter the amount you wish to fund: (shared Current Balance = 700.00) * \$

Check here if you wish to pay by check.

Click "Continue" when you have completed this section.

Continue