

REGISTRATION FORM

NCIC REHABILITATION PROFESSIONAL MANDATORY TRAINING

Please check below the class you wish to attend. Webinar class size limited to 50. RPs out of compliance will be given priority.

_____ **Wednesday 1/13/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 1/6/21)

_____ **Wednesday 5/19/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 5/12/21)

_____ **Wednesday 3/10/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 3/3/21)

_____ **Wednesday 7/14/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 7/7/21)

_____ **Wednesday 3/24/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 3/17/21)

_____ **Wednesday 9/15/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 9/08/21)

_____ **Wednesday 5/05/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 4/28/21)

_____ **Thursday 11/17/21** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST, (Deadline for receipt of registration fee 11/10/21)

Cost: \$75 for 6 hours of continuing education credit towards CCM, CRC, CDMS certifications

Make \$75 check, money order, or cashier's check payable to **NC Industrial Commission Tax ID# 56-1611847**

Class information and certificate of completion will not be issued until payment is received in full.

Mail completed form and check to:
NC Industrial Commission
ATTN: Medical Rehab Nurses Section
1236 Mail Service Center
Raleigh, NC 27699-1236

Questions?
Call 919-807-2616

PLEASE PRINT LEGIBLY

NAME: _____

ADDRESS: _____

EMAIL (REQUIRED): _____

EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

PHONE/EMAIL: _____ / _____

Please provide your licensure and certification numbers so we may add you to the Rehab Registry.

RN License #/State Issued _____ Expiration Date _____

Certification Type: CCM CRC CDMS CRRN COHN or COHN-S CVE ONC N/A **(IF NOT CERTIFIED, CERTIFICATION MUST BE OBTAINED WITHIN 2 YEARS.)**

Certification Number and Expiration Date: _____

Years of Worker's Comp Experience: _____ years _____ months

*** If you are not certified or do not have two years' worker's comp experience, you must comply work under the direct supervision of a qualified rehabilitation professional and comply with Rule 11 NCAC 23C .0105.**