

REGISTRATION FORM

NCIC REHABILITATION PROFESSIONAL MANDATORY TRAINING

Please check below the class you wish to attend. Webinar class size limited to 40. RPs out of compliance will be given priority.

_____ **Wednesday 1/11/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 1/04/2023)

_____ **Wednesday 3/15/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 3/8/2023)

_____ **Wednesday 3/29/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 3/22/2023)

_____ **Wednesday 5/17/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 5/10/2023)

_____ **Wednesday 7/12/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 7/05/2023)

_____ **Wednesday 9/13/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 9/06/2023)

_____ **Wednesday 11/08/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 11/01/2023)

_____ **Wednesday 12/13/2023** recorded webinar, 6 hours between 8:00 AM and 8:00 PM EST,
(Deadline for receipt of registration fee 12/06/2023)

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# 56-1401519**

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 work under the direct supervision of a qualified rehabilitation professional and comply with Rule 11 NCAC 23C .0105.**