

# 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 6/22/16 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,  
(Deadline for receipt of registration fee 6/15/16)

\_\_\_\_\_ Wednesday 8/31/16 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,  
(Deadline for receipt of registration fee 8/24/16)

\_\_\_\_\_ Thursday 10/20/16 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,  
(Deadline for receipt of registration fee 10/13/16)

\_\_\_\_\_ Wednesday 12/14/16 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,  
(Deadline for receipt of registration fee 12/7/16)

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

Make \$75 check payable to **NC Industrial Commission Tax ID# 56-1611847**

Mail completed form and check to:  
**NC Industrial Commission**  
**ATTN: Medical Rehab Nurses Section**  
**4341 Mail Service Center**  
**Raleigh, NC 27699-4341**  
**Phone 919-807-2616**

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

RN License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CCM # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CDMS # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CRC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other (Specify) \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

**NAME:** \_\_\_\_\_

**HOME MAILING**

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL (REQUIRED):** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PHONE/EMAIL:** \_\_\_\_\_ / \_\_\_\_\_