

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 2/7/18** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 1/31/18)

_____ **Tuesday 8/21/18** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 8/14/18)

_____ **Thursday 4/12/18** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 4/5/18)

_____ **Thursday 10/25/18** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 10/18/18)

_____ **Monday 6/11/18** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 6/4/18)

_____ **Thursday 12/6/18** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 11/29/18)

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 has been 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
Phone 919-807-2616

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

RN License #/State Issued _____ Expiration Date _____

CCM # _____ Expiration Date _____

CDMS # _____ Expiration Date _____

CRC # _____ Expiration Date _____

Other (Specify) _____ Expiration Date _____

PLEASE PRINT LEGIBLY

NAME: _____

ADDRESS: _____

EMAIL (REQUIRED): _____

EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

PHONE/EMAIL: _____ / _____