

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 2/15/17 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 2/8/17)

_____Monday 4/10/17 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 4/3/17)

_____Wednesday 6/14/17 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 6/7/17)

_____Thursday 8/17/17 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 8/12/17)

_____Thursday 10/26/17 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 10/19/17)

_____Monday 12/11/17 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 12/4/17)

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: _____

EMAIL (REQUIRED): _____

EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

PHONE/EMAIL: _____ / _____