

REGISTRATION FORM

NCIC REHABILITATION PROFESSIONAL MANDATORY TRAINING

Please check below the class you wish to attend. Webinar class size limited to 50. Live class size limited to 25.
RPs out of compliance will be given priority.

_____ Wednesday 2/24/16 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 2/23/16)

_____ Friday 4/15/16 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 4/14/16)

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: _____ / _____