

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 1/8/20** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 1/1/20)

_____ **Wednesday 7/15/20** recorded webinar, 6
hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 7/8/20)

_____ **Wednesday 3/11/20** recorded webinar, 6
hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 3/04/20)

_____ **Wednesday 9/16/20** recorded webinar, 6
hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 9/09/20)

_____ **Wednesday 5/13/20** recorded webinar, 6
hours between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 5/6/20)

_____ **Tuesday 11/17/20** recorded webinar, 6 hours
between 8:00 AM and 8:00 PM Eastern Time,
(Deadline for receipt of registration fee 11/10/20)

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