

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

IC File # _____

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

Employer FEIN _____

Employee's Name _____			Employer's Name _____		Telephone Number () - _____	
Address _____			Employer's Address _____		City _____	State _____
City _____	State _____	Zip _____	Insurance Carrier _____			
Home Telephone () - _____		Work Telephone () - _____		Carrier's Address _____		City _____
- - _____		/ / _____		Carrier's Telephone Number () - _____		Zip _____
Social Security Number _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F _____		Carrier's Telephone Number _____		Fax Number () - _____
		Date of Birth _____		Carrier's Telephone Number _____		Fax Number _____

1. The case has been assigned to the following rehabilitation professional who meets the qualifications as outlined in Rule 11 NCAC 23C .0105 of the Industrial Commission Rules for Utilization of Rehabilitation Professionals in Workers' Compensation Claims.

Name of RP: _____ Telephone Number: () - _____
 _____ Fax Number: () - _____

 Name of Supervisor of Conditional Provider if Applicable _____
 Company: _____ Type of Certification: _____
 Address: _____ Certificate Number: _____

2. The purpose of this rehabilitation assignment is as follows (include date and type of injury):

3. This rehabilitation professional was assigned by the following carrier, self-insured employer, or third-party administrator:

Date Completed: _____ Company Name: _____
 Signed By: _____ Official Title: _____
 _____ cc: Plaintiff's _____
 Print Name: _____ Attorney _____

4. The Commission should return this completed form to _____ at E-Mail: _____
 (Name) (E-Mail Address)

By accepting this assignment, the above-named Rehabilitation Professional agrees that he/she meets the qualifications of a qualified/conditional rehabilitation provider as outlined in Rule 11 NCAC 23C .0105 of the Industrial Commission Rules for Utilization of Rehabilitation Professionals.

**NORTH CAROLINA INDUSTRIAL COMMISSION
 THE FOREGOING ASSIGNMENT IS HEREBY
 ACKNOWLEDGED:**

FORM 25N

FILE WITH AN IC FILE NUMBER VIA EDFP
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html) OR
 IF NO IC FILE NUMBER, E-MAIL TO 25N@IC.NC.GOV
NCIC-NURSES SECTION
TELEPHONE: (919) 807-2616
HELPLINE: (800) 688-8349
WEBSITE: [HTTP://WWW.IC.NC.GOV](http://www.ic.nc.gov)