

IC File # \_\_\_\_\_

# NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

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 \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

M  F

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ 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 IV 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 IV of the Industrial Commission Rules for Utilization of Rehabilitation Professionals.**

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

## FORM 25N

**E-Mail to: 25N@ic.nc.gov**  
**NCIC Nurses Section**  
**TELEPHONE: (919) 807-2616**  
**HELPLINE: (800) 688- 8349**  
**WEBSITE: <http://www.ic.nc.gov>**