

# 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.

\_\_\_\_\_ Thursday 12/10/15 recorded webinar, 6 hours between 8:00 AM and 8:00 PM Eastern Time,  
(Deadline for receipt of registration fee 12/9/15)

\_\_\_\_\_ 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:** \_\_\_\_\_ / \_\_\_\_\_