

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

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

Employee's Name _____			Employer's Name _____			Telephone Number _____		
Address _____			Employer's Address _____			City _____	State _____	Zip _____
City _____	State _____	Zip _____	Insurance Carrier _____			Policy Number _____		
Home Telephone _____			Work Telephone _____			Carrier's Address _____		
	<input type="checkbox"/> M <input type="checkbox"/> F	Sex _____	Date of Birth _____			City _____	State _____	Zip _____
Social Security Number _____			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: _____
Print Name: _____	cc: Plaintiff's Attorney _____

4. The Commission should return this completed form to _____ at Fax # _____
(Name)

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:

**MAIL OR FAX TO: NCIC - NURSES SECTION
 4341 MAIL SERVICE CENTER
 RALEIGH, NC 27699-4341
 FAX. (919) 733-1618
 MAIN TELEPHONE: (919) 807-2500
 OMBUDSMAN: (800) 688- 8349**