



CHILDBIRTH EDUCATION--CONSENT FOR SERVICES & CBE WAIVER APPLICATION

Washington Apple Health (Medicaid)

Co-sponsored by Bellingham Technical College and PeaceHealth St. Joseph Medical Center

Waiver Instructions:

- 1. Complete BTC Course Registration Form for one of the following childbirth courses:
 - **Pregnancy and Childbirth course** (5 session series)
 - Prep for Childbirth: Weekend Condensed course (full day Saturday, half day Sunday)
 - Understanding Birth eClass (2 classroom sessions plus online study—personal computer access required)
- 2. Fully complete this Childbirth Education Consent for Services & CBE Waiver Application form
- 3. Submit registration form and completed consent/waiver application to the BTC Registration department

	FIRST NAME	M.I.	BIRTH DATE
STREET	CITY/STATI	E/ZIP	
ESTIMATED DUE DATE	CLASS STAI	RT DATE	
Consent for Services: Relling	ham Technical College (BTC) offers Ch	aildhirth Education (CRE	i) classes through the
	im, to help promote a healthy birth o	•	•
,, ,	rth Education classes, if eligible, throu	·	
, ,	isted at http://www.hca.wa.gov/med	-	-
Low intovested in vession	ing CDE classes through BTC	Law not interested	in receiving CDF
i am interested in receiv	ing CBE classes through BTC	_ i am not interested	in receiving CBE
Poforring agancy if anni	licable		(Optional)
Referring agency if appi	icable		(Optional)
Signature			-
Signature		Date	
Signature Waiver Request:		Date	
Waiver Request:	n Washington Apple Health (Medicaid		e childbirth course
Waiver Request:			e childbirth course
Waiver Request:I am currently enrolled in	of your Provider One card.		e childbirth course
Waiver Request: I am currently enrolled in waiver. Please include a copy of PROVIDER ONE INFO	of your Provider One card. RMATION:	d) and am requesting th	
Waiver Request: I am currently enrolled in waiver. Please include a copy of	of your Provider One card. RMATION:		

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program.