



Childbirth Education WAIVER APPLICATION

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

Instructions:

1. Complete BTC Course Registration Form for one of the following childbirth courses:
 - Pregnancy and Childbirth course (5 session)
 - Prep for Childbirth: Weekend Condensed course
2. Complete Childbirth Education Waiver application
3. Submit registration form and completed waiver application to the BTC Registration department.
4. Present *State of WA Provider One* card for copying.

LAST NAME	FIRST NAME	M.I.	BIRTH DATE
STREET	CITY/STATE/ZIP		
ESTIMATED DUE DATE	CLASS START DATE		
<i>Shaded areas Office Use Only</i>		Charge to DSHS: \$	

FIRST STEPS:

_____ I am currently enrolled in the DSHS Maternity Support Services program (First Steps) and am requesting the childbirth course waiver. **Please include a copy of your Provider One card.**

PROVIDER ONE INFORMATION:

_____ WA Date Issued: _____

Student Signature

Referral Agency Signature (if applicable)