

**REQUEST FOR LOCAL COORDINATOR'S APPROVAL OF
CHANGES TO PREVIOUSLY APPROVED APPLICATION**

TO: COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) LOCAL COORDINATOR

Estella Sweeney BSN, PHN, RN
2220 East Gonzales Road, Suite 102
Oxnard, CA 93036

Phone: 805-981-5144
Fax: 805-981-5385

FROM: _____

DATE: _____

Name: _____

Address: _____

Contact person: _____

Telephone: _____

Fax: _____

I request approval of changes to my CPSP provider's application.

DELETE from application:

ADD to application:

Provider Name

Address

Primary Contact Person

Telephone Number

DELETE from application:

Staff (includes CPSP consultants)

Supervising MD

Forms used including assessment and individualized care plan

Description of Practice

Referrals

Hospital for planned delivery

Transfer of care agreements
(if applicable)

(Signature of authorized agent)

ADD to application:

(Attach page 2 and 3 from original application. Indicate changes)

(please attach)

(please attach)

(please attach)

(Date)