



Midwifery Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## **Request for Limited Prescriptive License Extension**

List and submit all documentation of training you have successfully completed:

1. Fifteen additional obstetrical pharmacology didactic training hours; and
2. Additional training on family planning and treating common, low risk prenatal and postpartum conditions.

In accordance with [RCW 18.50.040](#), a midwife licensed under this chapter may apply for a limited prescriptive license extension upon completion of the training listed below.

**The Training Program must include the following** (see [WAC 246-834-165](#)):

- 15 additional obstetrical pharmacology didactic training hours that include the prescription classifications listed in [WAC 246-834-250\(4\)](#) and provide skills and knowledge beyond entry-level skills or knowledge in antibiotics and contraceptives.
- Evidence of completion of additional training on family planning and treating common, low risk prenatal and postpartum conditions.
  - A clinical experience of at least 20 cases reviewed in consultation with a licensed health care professional who, within their scope of practice, is qualified to use and administer legend drugs and devices described in [RCW 18.50.115](#) and [WAC 246-834-250](#); or
  - A clinical training course or courses approved by the Department. Contact the midwifery program for more information on this option.

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Washington State Department of  
**HEALTH**  
 Midwifery Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

Date  
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## Request for Limited Prescriptive License Extension

<b>Demographic Information</b>			
Name	First	Middle	Last
Birth date (mm/dd/yyyy)		Midwifery License Number	
Address			
City	State	Zip Code	County
If the address currently on record with the Department of Health is different from the address provided above, would you like your address of record updated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Training</b>			
<ol style="list-style-type: none"> <li>1. Submit evidence of completion of 15 additional obstetrical pharmacology didactic training hours. The additional hours must include the prescription classifications listed in <a href="#">WAC 246-834-250(4)</a> and provide skills and knowledge beyond entry-level skills or knowledge in antibiotics and contraceptives. Attach certificate of training to this application.</li> <li>2. List evidence in the table below of completion of additional training on family planning and treating common, low risk prenatal and postpartum conditions. Use a different form for each licensed health care professional. Such training must be either:               <ul style="list-style-type: none"> <li>- A clinical experience of at least 20 cases reviewed in consultation with a licensed health care professional who, within their scope of practice, is qualified to use and administer legend drugs and devices described in <a href="#">RCW 18.50.115</a> and <a href="#">WAC 246-834-250</a>; or</li> <li>- A clinical training course or courses approved by the department. Contact the midwifery program for more information on this option.</li> </ul> </li> </ol>			

**Applicant Name:**

If using multiple licensed healthcare professionals, use a separate form for each provider.

	<b>Date</b>	<b>Client ID</b>	<b>Condition Being Treated</b>	<b>Licensed Healthcare Professional Initials</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that the applicant has shown the proper knowledge and skills on family planning and treating common, low risk prenatal and postpartum conditions on the clinical cases described above.

Licensed Health Care Professional Name (please print): \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_