



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

Required Midwifery Courses

[RCW 18.50.040](#)
[WAC 246-834-140](#)

This form is for international applicants, out-of-state applicants, and applicants that did not graduate from a Washington State approved school. This form must be submitted directly from your midwifery program to the Department of Health.

Applicant Name _____

	Date	Course
1. Obstetrics, normal & abnormal	_____	_____
2. Neonatal Pediatrics/neonatology	_____	_____
3. Basic Sciences to include:		
Biology.....	_____	_____
Microbiology	_____	_____
Anatomy with emphasis on female reproductive anatomy	_____	_____
Physiology	_____	_____
Genetics	_____	_____
Embryology.....	_____	_____
Behavioral Sciences	_____	_____
4. Childbirth Education	_____	_____
5. Community Care.....	_____	_____
6. Obstetrical Care.....	_____	_____
7. Epidemiology	_____	_____
8. Gynecology, normal & abnormal	_____	_____
9. Family Planning	_____	_____

(Complete both pages of form)

Date

Course

10. Medical/Legal Aspects of Midwifery..... _____

11. Nutrition during Pregnancy & Lactation .. _____

12. Breast feeding _____

13. Nursing skills to include:

Vital Signs..... _____

Perineal Prep..... _____

Catheterization _____

Aseptic Techniques..... _____

Administration/Oral Medications..... _____

Administration/Injections..... _____

Local Infiltration of Anesthesia..... _____

Venipuncture..... _____

Administration of Intravenous Fluids _____

Infant & Adult Resuscitation..... _____

Charting _____

14. Obstetrical Pharmacology _____

15. Student observed _____ births before graduation.
Number

16. Student managed _____ births with a preceptor before graduation.
Number

17. Student cared for _____ women in the prenatal period before graduation.
Number

18. Student cared for _____ women in the early postpartum period before graduation.
Number

(Complete both pages of form)