



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

## **Request for Midwife Medical Devices License Extension**

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

1. The requirements for a limited prescriptive license extension;
2. Completion of training as required by the medical device manufacturers; and
3. Completion of additional training that includes a clinical experience.

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

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

- Requirements for the limited prescriptive license extension. See [application](#) for training requirements;
- Submit evidence of completion of training as required by the medical device manufacturers, or an equivalent. The training must include at least three simulated medical device insertions under direct supervision; and
- Submit evidence of completion of a clinical experience of four inserted medical devices and one medical device removal under direct supervision.

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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 Midwife Medical Devices 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 requirements for limited prescriptive license extension;</li> <li>2. Submit evidence of completion of training as required by the medical device manufacturers, or an equivalent. The training must include at least three simulated medical device insertions under direct supervision; and</li> <li>3. Submit evidence of completion of a clinical experience of four inserted medical devices and one medical device removal under direct supervision.</li> </ol>			

# 1. Limited Prescriptive License Extension

Complete requirements for limited prescriptive license extension. Please complete and submit the separate application for that license extension.

# 2. Manufacturer Training

Complete training as required by the medical device manufacturers, or an equivalent. The training must include at least three simulated medical device insertions under direct supervision. Attach training certificate.

# 3. Clinical Experience

<b>Applicant Name:</b>			
If using multiple licensed healthcare professionals, use a separate form for each provider.			
<b>Medical Device Removal</b>	<b>Date</b>	<b>Client ID</b>	<b>Licensed Healthcare Professional Initials</b>
1.			
<b>Medical Device Insertion</b>	<b>Date</b>	<b>Client ID</b>	<b>Licensed Healthcare Professional Initials</b>
1.			
2.			
3.			

The clinical experience must be directly supervised by a licensed health care professional who, within their scope of practice, is qualified and has at least two years of experience administering medical device insertions and removals.

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

I attest that the applicant has shown the proper knowledge and skills to insert and remove medical devices and I have at least two years of experience in administering medical devices.

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

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

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