

Request for Midwife Implant License Extension

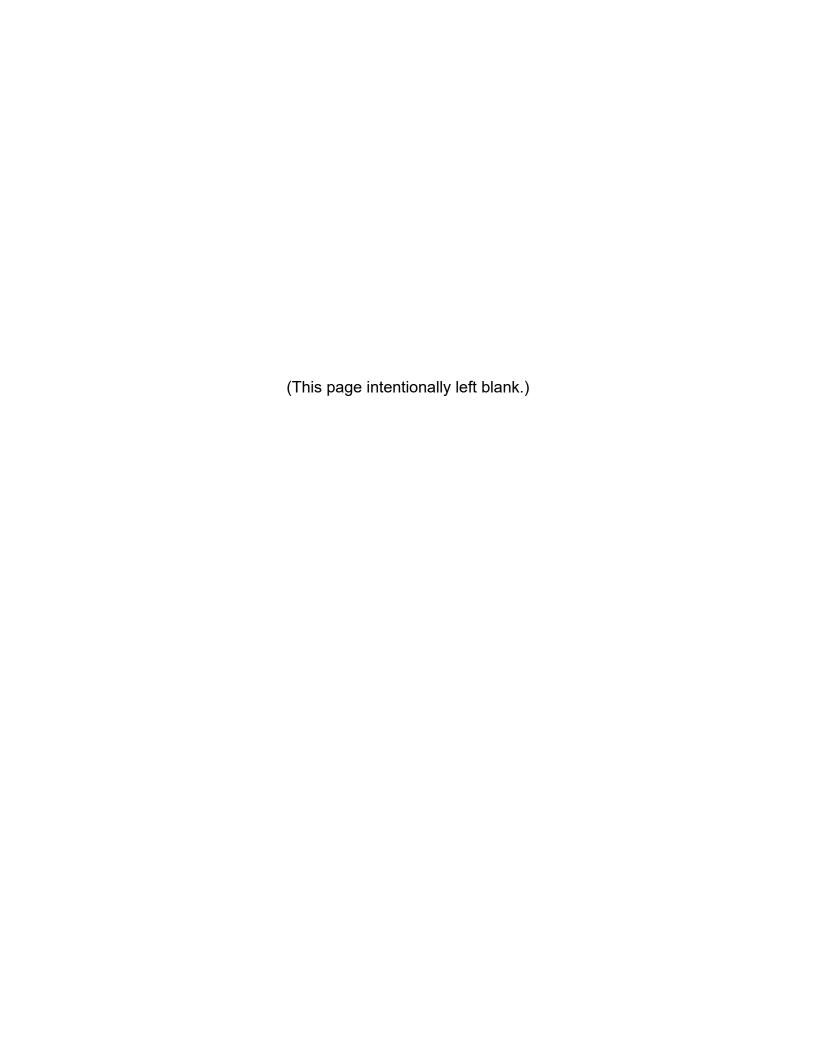
List and submit all documentation of training you have successfully completed:

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

In accordance with <u>RCW 18.50.040</u>, 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 <u>WAC 246-834-165</u>):

- Requirements for the limited prescriptive license extension. See <u>application</u> for training requirements;
- Submit evidence of completion of training as required by the implant manufacturers, or an equivalent. The training must include at least three simulated implant removals under direct supervision; and
- Submit evidence of completion of a clinical experience of one inserted implant and three implant removals under direct supervision.





Date Stamp Here

Request for Midwife Implant License Extension

Demographic Information							
Name	First		Middle		Last		
Birth date (mm/dd/yyyy)				Midwifery License Number			
Address							
City		State	Zip Code		County		
If the address curre would you like you			ent of He Yes	alth is different ☐ No	from the address provided above,		
Training							
 Submit evid The training Submit evid 	lence of completic must include at le	on of training as east three simu on of a clinical e	required lated imp	by the implant lant removals	ve license extension; t manufacturers, or an equivalent. under direct supervision; and ed implant and three implant		

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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 implant manufacturers, or an equivalent. The training must include at least three simulated implant removals under direct supervision. Attach training certificate.

3. Clinical Experience

Applicant Name

Implant Insertion	Date	Client ID	Licensed Healthcare Professional Initial		
1.					
Implant Removal	Date	Client ID	Licensed Healthcare Professional Initial		
1.					
2.					
3.					
Applicant Signature:			Date:		
I attest that the applicant h	as shown the prop	er knowledge and s	Date:skills to insert and remove implants and I have		
at least two vears of evner	CITUE III AUTIIIIIISTEI				
at least two years of experi					
, .					
, .	essional Name (pl	ease print):			

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