

Request for Limited Prescriptive License Extension

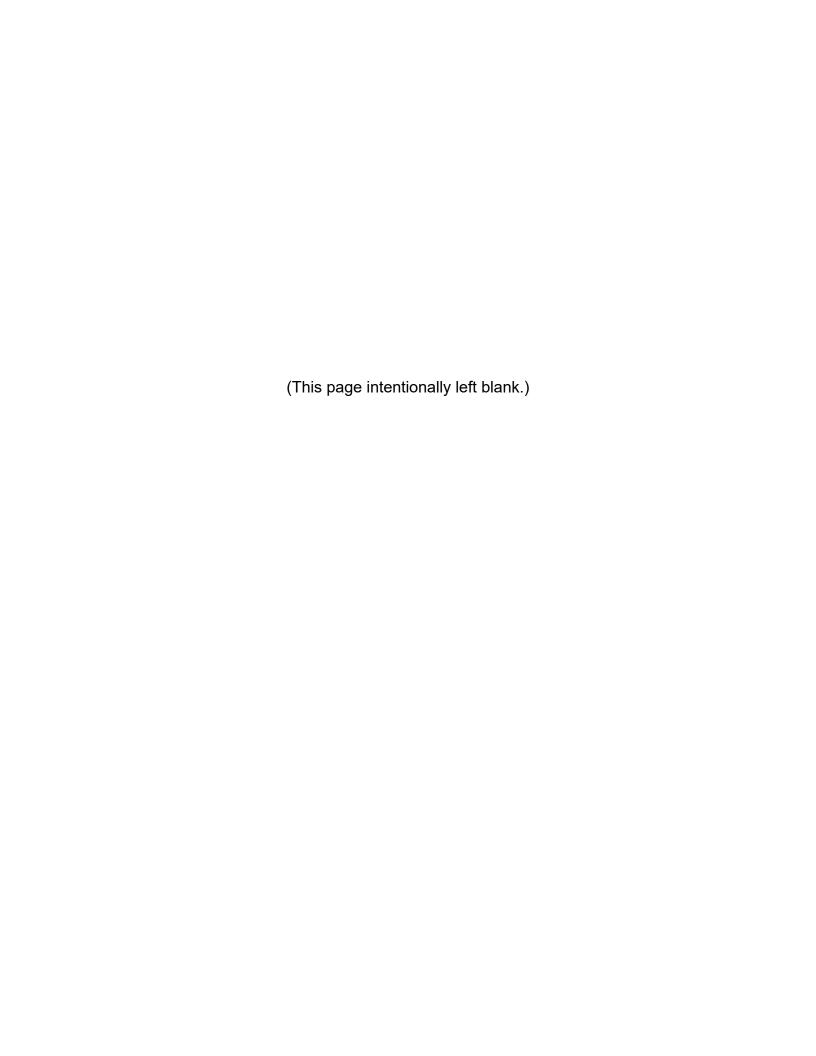
List and submit all documentation of training you have successfully completed:

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

- 15 additional obstetrical pharmacology didactic training hours that include the prescription classifications listed in <u>WAC 246-834-250(4)</u> 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 <u>RCW</u> 18.50.115 and <u>WAC 246-834-250</u>; 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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Request for Limited Prescriptive License Extension

Dem	nograp	hic Informati	on							
Name		First		Middle		Last				
Birth date (mm/dd/yyyy)					Midwifery License Number					
Addre	ss									
City			State	Zip Cod	е	County				
		urrently on record wi our address of recor		ent of He	alth is differeni ☐ No	t from the address provided above,				
Trai	ining									
1.	. Submit evidence of completion of 15 additional obstetrical pharmacology didactic training hours. The additional hours must include the prescription classifications listed in <u>WAC 246-834-250(4)</u> and provide skills and knowledge beyond entry-level skills or knowledge in antibiotics and contraceptives. Attach certificate of training to this application.									
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: 									
	 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 co program for more in			•	rtment. Contact the midwifery				

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	Date	Client ID	Condition Being Treated	Licensed Healthcare Preofessional Initials
1.				
2.				
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oplicant S	Signature:	•	Date:	
			per knowledge and skills on family planning on the clinical cases described above.	ng and treating commo
censed H	lealth Care F	Professional Name (pl	ease print):	
cense Nu	ımber:			
gnature:			Date:	

Applicant Name:

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