



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

Midwife Implant License Extension Clinical Experience

Applicant Name: _____

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

Implant Insertion	Date	Client ID	Licensed Healthcare Professional Initials
1.			
Implant Removal	Date	Client ID	Licensed Healthcare Professional Initials
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 implant insertions and removals.

Applicant Signature: _____ Date: _____

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

Licensed Health Care Professional Name (please print): _____

License Number: _____

Signature: _____ Date: _____

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.