



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

## Limited Prescriptive License Extension Clinical Experience

Applicant Name:				
If using multiple licensed healthcare professionals, use a separate form for each provider.				
	Date	Client ID	Condition Being Treated	Licensed Healthcare Professional Initials
1.				
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15.				

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	Date	Client ID	Condition Being Treated	Licensed Healthcare Professional Initials
16.				
17.				
18.				
19.				
20.				

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

I attest that the applicant has shown the proper knowledge and skills on family planning and treating common, low risk prenatal and postpartum conditions on the clinical cases described above.

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

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

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