



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

## Active Practice of Midwifery Form

Complete this form only if you have not been in active practice within the last three years.  
 This doesn't apply to those who graduated in the last three years.

### Applicant Demographics:

|  |                     |                    |
|--|---------------------|--------------------|
| First Name   | Middle              | Last Name          |
| Credential # (If available)  |                     | Date of Birth      |
| <p>A preceptor is a licensed midwife or other obstetric practitioner license by their state or jurisdiction to provide maternity care who assumes responsibly for supervising the practical experience of a student midwife.</p> |                     |                    |
| Preceptor Name   | Preceptor License # | State of Licensure |

### Inactive for more than three years but less than five years

If you have not been engaged in the active practice of midwifery for more than three years but less than five years, please complete this section.

I certify that I completed a minimum of 10 births while acting as a birthing assistant under the supervision of the above named preceptor within the last 12 months. I am enclosing documentation of proof of these 10 births.

I also certify that I have completed the continuing education requirements for the three years prior to submission of this application as shown in [WAC 246-834-355](#).

|                      |      |
|----------------------|------|
| Applicant's Initials | Date |
|----------------------|------|

### Inactive for more than five years

If you have not been engaged in the active practice of midwifery for more than five years, please complete this section.

I certify that I completed a minimum of 15 births while acting as a birthing assistant under the supervision of the above named preceptor within the last 12 months. I am enclosing documentation of proof of these 15 births.

I also certify that I have completed the continuing education requirements for the three years prior to submission of this application as shown in [WAC 246-834-355](#).

|                      |      |
|----------------------|------|
| Applicant's Initials | Date |
|----------------------|------|