Chapter 246-834 WAC

MIDWIVES

WAC 246-834-010 Definitions.

(1) Academic director as used in these rules means the individual who is responsible for planning, organizing and implementing all aspects of the curriculum of a midwifery education program.

(2) Health care provider as used in RCW 18.50.108 means any licensed physician who is engaged in active clinical obstetrical practice.

(3) Preceptor. A preceptor is a licensed or legally practicing obstetric practitioner who assumes responsibility for supervising the practical (clinical obstetric) experience of a student midwife. The preceptor shall be physically present whenever the student is managing a birth, and shall evaluate in writing the student's overall performance.

(4) Practical midwifery experience as used in these rules means performance in midwifery functions, prior to obtaining a license, that is verified by affidavit, testimony or other sworn written documentation that verifies that the experience and its documentation is equivalent to that required of regularly enrolled midwifery students.

(5) Survey visit is an information gathering and observational visit intended to provide the basis for the director's assessment of a school's compliance with all aspects of chapter 18.50 RCW.

(6) Survey visit is an information gathering and observational visit intended to provide the basis for the director's assessment of a school's compliance with all aspects of chapter 18.50 RCW.

WAC 246-834-050 Examination requirements for licensure as a midwife. This rule provides the minimum examination requirements for licensure as a midwife.

(1) The midwifery examination offered by the North American Registry of Midwives (NARM) is the official examination for midwifery licensure. All applicants must complete this examination with a passing score. This examination shall be offered by the department of health midwifery program twice a year. If the applicant passes the examination within two years prior to applying for a Washington license, the department will accept the results.
(2) In addition to the NARM examination, all applicants must pass the Washington state specific component examination. [Statutory Authority: RCW 18.50.060. WSR 99-03-064, § 246-834-050, filed 1/18/99, effective 2/18/99.]

WAC 246-834-060 Initial application requirements for licensure as a midwife. (1) An applicant for a midwife license shall submit to the department the following:

(a) Initial application on forms provided by the department.
(b) Fees required in WAC 246-834-990.
(c) Proof of high school graduation, or its equivalent.
(d) Proof of at least three years of midwifery training, per RCW 18.50.040 (2)(a), unless the applicant qualifies for a reduced academic period.
(e) A current plan for consultation, emergency transfer and transport.
(f) Proof of completion of seven clock hours of HIV/AIDS education as required in chapter 246-12 WAC, Part 8.
(g) Proof of successful completion of the midwifery jurisprudence exam, as offered by the department.

(2) In addition to the requirements in subsection (1) of this section, an applicant for a midwife license shall also:

(a) Have transcripts sent directly to the department from the applicant's midwifery school demonstrating that the applicant has received a certificate or diploma in midwifery. Those applicants applying under WAC 246-834-066 or 246-834-220 may be exempted from this requirement.
(b) Have verification of passing the North American Registry of Midwives (NARM) examination. Results must be sent directly to the department from NARM.

(3) Once all application requirements in this section are met, and additional requirements in WAC 246-834-066 or 246-834-220 if applicable, the department will schedule the applicant for the Washington state specific component exam.

WAC 246-834-065 Application for examination—Out-of-state education. (1) A midwife not licensed in the state of Washington may sit for the licensing examination without completing the required coursework or the midwifery-in-training program provided the midwife meets the following requirements:

(a) Has completed a program preparing candidates to practice as a midwife provided such program is equivalent to the minimum course requirements of approved midwifery programs in Washington at the time of applicant's program completion. Proof of equivalency shall be submitted by the applicant with the application.
(b) The transcript of the applicant's completed midwifery program verifies that:

(i) All courses were completed with a grade of C (pass) or better; and
(ii) At least fifteen managed births were completed under the preceptorship of an experienced midwife approved by the candidate's educational program.

(c) If managed births completed under the preceptorship in subsection (b)(ii) of this subsection are less than fifty, then affidavits of births the applicant has managed must be submitted in a sufficient number to prove that the applicant has managed a total of at least fifty births.

(2) The applicant shall submit to the department:

(i) A complete notarized application with the required fee.
(ii) Notarized copies of educational preparation or an official transcript verifying educational preparation or an official transcript verifying educational preparation to practice midwifery.
(iii) Declarations of managed births as required in subsection (1)(c) of this section.

(3) Applicants must demonstrate completion of seven clock hours of AIDS education as provided in chapter 246-12 WAC, Part 8.

WAC 246-834-066 Certified professional midwife (CPM) licensure requirements. An applicant who holds a current North American Registry of Midwives (NARM) certified professional midwife (CPM) certification may apply for a Washington state midwife license by completing all requirements in this section.

(1) To be eligible for a midwife license an applicant holding a CPM shall:

(a) Complete all application requirements for licensure in WAC 246-834-060.
(b) Ensure that proof of the CPM certification is sent to the department directly from NARM.
(c) Submit to the department documentation of attendance at one hundred births of which:

(i) At least thirty births where the applicant was the primary attendant under supervision of a qualified attendant;
(ii) At least twenty births where the applicant directly assisted;
(iii) At least fifty births that the applicant observed in addition to births counted in (c)(i) and (ii) of this subsection; and

(iv) Documentation for (c)(i) through (iii) of this subsection must include at least the date, client identifier, the applicant's role at each birth, and the signature or initials of the qualified attendant at the birth of either: A licensed midwife, a CPM preceptor, a certified nurse midwife, or a practitioner licensed by their state or jurisdiction to provide maternity care. The applicant shall submit to the department the name and contact information of each signatory, if available. The department may approve exceptions to the required documentation in this subsection.
(d) Submit to the department documentation of prenatal care examinations of fifty women and early postpartum care

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examinations of fifty women. The same women need not be seen for both examinations. Documentation must include at least the date, client identifier, and the signature or initials of the qualified attendant at the care examination of either: A licensed midwife, a CPM preceptor, a certified nurse midwife, or a practitioner licensed by their state or jurisdiction to provide maternity care. The applicant must submit to the department the name and contact information of each signature, if available. The department may approve exceptions to the required documentation in this subsection.

(e) Demonstrate competency in the use and administration of legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250. The applicant shall submit documentation of competency to the department on a department supplied form. A licensed health care professional who, within his or her scope of practice, is qualified to use and administer legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250 must sign the form.

(f) Successfully complete courses on epidemiology and obstetric pharmacology from:

(i) An institution that is accredited by an agency recognized by the Council for Higher Education Accreditation (CHEA) and included in their data base of institutions on programs accredited by recognized United States accrediting organizations;

(ii) An institution that is accredited by an agency recognized by the United States Department of Education (USDOE) and included in their data base of accredited post-secondary institutions and programs; or

(iii) A curriculum or program approved by the department.

(2) Applicants applying under this section who have a current CPM but do not meet all of the requirements listed in subsection (1)(c) through (f) of this section may apply to the department for a trainee permit under WAC 246-834-068. The trainee permit authorizes the applicant to complete subsection (1)(c) through (e) of this section, under the supervision of a preceptor as described in WAC 246-834-067.

[Statutory Authority: RCW 18.50.065, 18.50.135, and 18.50.040. WSR 82-19-079 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91.]

WAC 246-834-067 Preceptor for certified professional midwife (CPM) licensure program. This section defines the role of a preceptor as used in WAC 246-834-066. A certified professional midwife (CPM) applicant for licensure as a midwife may use more than one preceptor to meet the requirements for licensure under WAC 246-834-066.

(1) A preceptor for clinical requirements including observed, managed, and assisted births, and prenatal and postpartum examinations must:

(a) Have a current Washington state license as a midwife under chapter 18.50 RCW, physician under chapter 18.71 RCW, osteopathic physician under chapter 18.57 RCW, or certified nurse midwife under chapter 18.79 RCW; and

(b) Have actively practiced obstetrics for at least three consecutive years or attended at least one hundred fifty births.

(2) A preceptor for legend drugs and devices must have a current Washington state credential and be, within his or her scope of practice, qualified to use and administer legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250.

[Statutory Authority: RCW 18.50.065, 18.50.135, and 18.50.040. WSR 15-20-049, § 246-834-067, filed 9/30/15, effective 10/31/15.]

WAC 246-834-068 Trainee permit for certified professional midwife (CPM) licensure program. (1) The department may issue a trainee permit to a certified professional midwife (CPM) who has submitted an initial application to the department accompanied by a nonrefundable fee as specified in WAC 246-834-990.

(2) The CPM trainee permit authorizes the CPM to complete the licensure requirements outlined in WAC 246-834-066 (1)(c) through (e).

(3) A CPM trainee permit expires one year from the date of issuance. The department may extend the permit upon request to accommodate extenuating circumstances.

(4) The department may deny, modify or revoke a CPM trainee permit at any time if the department determines that patient safety, health or welfare may be in jeopardy or the trainee fails to comply with the requirements of this section.

[Statutory Authority: RCW 18.50.065, 18.50.135, and 18.50.040. WSR 15-20-049, § 246-834-068, filed 9/30/15, effective 10/31/15.]

WAC 246-834-070 Release of examination results. (1) Applicants shall be notified of examination results. All notices shall be by mail. The minimum passing score for both the NARM examination and the Washington state specific component examination is 75.

(2) Applicants who pass both the NARM examination and the Washington state specific component examination and meet all eligibility requirements shall receive a license to practice as a midwife, unless there are grounds for disciplinary action under chapter 18.130 RCW.

(3) Applicants who fail shall receive notice of their eligibility to be reexamined, and of the procedure for applying for reexamination.

(4) Results of the examination will not be released to anyone except as provided above unless release is authorized by the applicant in writing.

[Statutory Authority: RCW 18.50.060. WSR 99-03-064, § 246-834-070, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-070, filed 9/21/82.]
NARM within ninety days of the examination administration. A copy of their request must be sent to the department. The department will inform the applicant of the results of the hand-scored examination.

[Statutory Authority: RCW 18.50.060. WSR 99-03-064, § 246-834-080, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.50.135 and 18.50.045. WSR 92-02-018 (Order 224), § 246-834-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-080, filed 9/21/82.]

WAC 246-834-090 Purpose of accreditation of midwifery educational programs. The secretary provides for accreditation of midwifery educational programs for the following reasons:

1. To ensure that only qualified midwives will be licensed to practice in the state of Washington.
2. To ensure the safe practice of midwifery by setting minimum standards for midwifery educational programs that prepare persons for licensure as midwives.
3. To ensure that each midwifery educational program has flexibility to develop and implement its program of study and that it is based on minimum standards for accredited schools of midwifery provided herein.
4. To ensure that standards for each accredited midwifery program promote self-evaluation.
5. To assure the graduates of accredited schools of their eligibility for taking the licensing examination for midwives.

[Statutory Authority: RCW 18.50.135 and 18.50.045. WSR 92-02-018 (Order 224), § 246-834-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-090, filed 9/21/82.]

WAC 246-834-100 Philosophy, purpose and objectives of an accredited midwifery educational program. The philosophy, purpose and objectives of an accredited midwifery educational program shall be stated clearly and shall be in written form.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-100, filed 9/21/82.]

WAC 246-834-110 Advisory body. Each institution that offers a midwifery educational program shall appoint an advisory body composed of health professionals, midwives and public members. The group should have a minimum of five members and should meet regularly. Functions of the advisory body shall include but not be limited to the following:

1. Promoting communication between the community and the school;
2. Making recommendations on the curriculum, student selection and faculty;
3. Informing the school about needs in midwifery education and practices; and
4. Being informed about the school’s finances.

In institutions whose advisory bodies are provided for by statute, or rule as in the case of public community colleges, universities and vocational-technical institutes, it can be presumed that the advisory body provided for meets these requirements.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-110, filed 9/21/82.]

WAC 246-834-120 Learning sites. (1) Learning sites utilized by accredited midwifery educational programs shall:

(a) Include a variety of sites in addition to the school that may be used for student experience. These may include, but need not be limited to, hospitals, clinics, offices of health professionals and health centers.

(b) Provide learning experiences of sufficient number and variety that students can achieve the course/curriculum objectives and requirements of the statute.

(2) Written agreements shall be maintained between the school and any supervising clinicians and faculty. Such agreements shall be reviewed periodically by the parties and shall state the responsibilities and privileges of each party.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-120, filed 9/21/82.]

WAC 246-834-130 Staffing and teacher qualifications. At the time of application for accreditation pursuant to WAC 246-834-180, the school shall provide proof of the following:

1. That the academic director for the midwifery program is either (a) a midwife licensed under chapter 18.50 RCW or (b) a nurse midwife (ARNP) licensed under chapter 18.88 RCW or (c) has been educated in a midwifery program having standards comparable to standards in Washington and has experience in legal midwifery clinical practice.

2. That the clinical faculty and preceptors either (a) hold a current license in the jurisdiction where they practice and demonstrate expertise in the subject area to be taught, or (b) are legally engaged in an active clinical practice and demonstrate expertise in the subject area to be taught.

3. That each member of the faculty either (a) holds a certificate or degree in midwifery or the subject area to be taught, or (b) has no less than three years of experience in the subject area to be taught.

[Statutory Authority: RCW 18.50.135 and 18.50.045. WSR 92-02-018 (Order 224), § 246-834-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. WSR 86-16-012 (Order PM 608), § 308-115-130, filed 7/25/86. Statutory Authority: RCW 18.50.135. WSR 82-19-079 (Order PL 406), § 308-115-130, filed 9/21/82.]

WAC 246-834-140 Curriculum. (1) The basic curriculum shall be at least three academic years, and shall consist of both didactic and clinical instruction sufficient to meet the educational standards of the school and of chapter 18.50 RCW. However, the school may shorten the length of time for the program after consideration of the student’s documented education and experience in the required subjects, if the applicant is a registered nurse under chapter 18.88 RCW, a licensed practical nurse under chapter 18.78 RCW, or has had previous nursing education or practical midwifery expe-

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The midwifery training shall not be reduced to a period of less than two academic years. Each student must undertake the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods. The care of up to thirty-five women in each of the periods may be undertaken as a part of previous nursing education or practical midwifery experience as defined in WAC 246-834-010 (5). No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty-five of these observations may be as a part of previous midwifery education. No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

2) Each school must ensure that the students receive instructions in the following instruction area:
(a) Instruction in basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology) normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, breast feeding, neonatology, epidemiology, community care, and medicolegal aspects of midwifery.
(b) Instruction in basic nursing skills and clinical skills, including but not limited to vital signs, perineal prep, enema, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.
(c) Clinical practice in midwifery which includes care of women in the prenatal, intrapartum and early postpartum periods, in compliance with RCW 18.50.040.
(3) Provision shall be made for systematic, periodic evaluation of the curriculum.
(4) Any proposed major curriculum revision shall be presented to the secretary at least three months prior to implementation.

WAC 246-834-150 Students. (1) Written policies and procedures for selection, admission, promotion, graduation and withdrawal of students shall be available.
(2) Courses completed prior to enrollment in the midwifery school should have been completed within ten years of enrollment and must be documented by official transcript in order for reduction of basic requirements to be considered.
(3) Students who seek admission by transfer from another midwifery educational program shall meet the equivalent of the school's current standards for those regularly enrolled. The school may grant credit for the care of up to thirty-five women in each of the periods undertaken as a part of previous midwifery education. No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty-five of these observations may be as a part of previous midwifery education. No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(4) Individuals may request advanced placement on the basis of their previous practical midwifery experience as specified in RCW 18.50.040(2) and WAC 246-834-010(5) but in no case shall a school grant credit for more than thirty-five of the fifty required managed births. At least fifteen of the managed births must be undertaken while enrolled in the school granting advanced placement.

(5) Each school shall maintain a comprehensive system of student records.

WAC 246-834-160 Student midwife permit. (1) A permit may be issued to any individual who has:
(a) Successfully completed an accredited midwifery program as specified in RCW 18.50.040 (2)(a) and (b); and
(b) Undertaken the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods as required by RCW 18.50.040 (2)(c) and by these rules; and
(c) Satisfactorily completed the licensing examination required by RCW 18.50.060; and
(d) Filed a completed application for student midwife permit accompanied by a nonrefundable fee as specified in WAC 246-834-990.
(2) The student midwife permit authorizes the individuals to practice and observe fifty women in the intrapartum period under the supervision of a licensed midwife, licensed physicians or CRN (nurse midwife).

WAC 246-834-170 Reports to the department of health by accredited midwifery educational programs. (1) An annual report on the program and its progress for the period July 1 to June 30 shall be submitted to the department by each midwifery educational program on forms supplied by the department.
(2) Written notification shall be sent to the department regarding major changes relating to, but not limited to, the following:
(a) Change in the administrator or academic director.
(b) Organizational change.
(c) Changes in extended learning sites.

The information submitted to the department of health shall include the reason for the proposed change.

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WAC 246-834-180 Application for accreditation. Applicants for accreditation as midwifery educational programs shall:

1. Apply for accreditation using a form provided by the secretary.

2. Comply with the department’s accreditation procedures and obtain accreditation before its first class graduates, in order for these graduates to be eligible to take the state licensing examination.

The accreditation will be based on, but not limited to, the quality of the curriculum and the qualifications of the faculty and preceptors.

WAC 246-834-190 School survey visits. The secretary’s designee shall make survey visits to midwifery educational programs:

1. At least annually during the first three years of operation, and

2. At least every two years after the new school’s first three years of operation or more often at the discretion of the secretary.

The cost of a survey visit to a midwifery educational program outside the state of Washington shall be borne by the program requesting accreditation.

A school in the process of closing shall remain accredited until the students who are enrolled at the time the department receives the notice of planned closure have been graduated, provided that the minimum standards are maintained by the school.

When a closing midwifery school’s last students graduate, its accreditation shall terminate.

A closing midwifery school shall provide for safe storage of vital school records and should confer with the secretary concerning the matter.

WAC 246-834-220 Midwife-in-training program, credit toward educational requirements for licensure. (1) Applicants not meeting the minimum requirements in WAC 246-834-060 may apply to the department for the midwife-in-training (MIT) program by:

(a) Submitting to the department a completed MIT application with a nonrefundable MIT program application fee as specified in WAC 246-834-990.

(b) Ensuring that transcripts are submitted directly to the department from the applicant’s school for any academic courses taken that are required in RCW 18.50.040 (2)(b).

The school must be certified by an accrediting body and approved by the department. The applicant must have received a grade of “C” or better in each academic course.

(c) Submitting to the department a prospectus described in subsection (2) of this section. A proposed preceptor qualified under WAC 246-834-230 shall sign the prospectus. The department, in consultation with a licensed midwife sitting on the midwifery advisory committee (MAC), must approve the prospectus prior to the applicant beginning the program.

2. The MIT prospectus must include:

(a) A plan for completion of required academic subjects required in RCW 18.50.040 (2)(b);

(b) Planned reading and writing assignments;

(c) A project including at least one problem-solving component relating to the practice of midwifery. The project must be in writing and must include:

(i) A definition of an acknowledged problem;

(ii) A method of approach to the problem;

(iii) A listing of possible alternatives;

(iv) Actions taken;

(v) Evaluation; and

(vi) Final recommendations to improve care given.

(d) Acquisition of knowledge about other health and welfare agencies in the community.

(3) The department may, on an individual basis, require additional education, based upon assessment of the applicant’s background, training, and experience.

4. Upon department approval of the MIT application and prospectus, the department will issue an MIT trainee permit which enables the trainee to work under the supervision of a preceptor to perform the activities in subsection (6)(a) and (b) of this section.
(a) The MIT trainee shall report any changes to the approved prospectus in writing to the department within thirty days of the change.

(b) If the MIT trainee makes changes to the prospectus, the department and a designated MAC member must reevaluate the proposal and determine whether to approve the revised prospectus. Nothing in this section shall be construed to limit the department’s regulatory authority under chapter 18.130 RCW.

(5) A preceptor may not supervise more than two MIT trainees simultaneously. An exception may be granted by the department in extraordinary circumstances.

Reporting Requirements

(6) The MIT trainee shall provide documentation of supervised care as follows:

(a) Documentation of attendance at one hundred births:
   (i) At least thirty births where the trainee was the primary attendant. At least fifteen of the thirty births must occur after the trainee permit is issued.
   (ii) At least twenty births where the trainee directly assisted.
   (iii) At least fifty births that the applicant observed in addition to births counted in (a)(i) and (ii) of this subsection. The observed births may have been observed prior to or during the trainee’s MIT program.

(b) Documentation of prenatal care examinations for fifty women and early postpartum care examinations for fifty women. The same women need not be seen for both examinations. At least fifteen of the fifty care exams in each category must occur after the MIT permit is issued. Documentation must include at least the date, client identifier, applicant’s role at birth, and the signature or initials of the qualified attendant at the birth of either: A midwife licensed under chapter 18.50 RCW, a physician licensed under chapter 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, or a certified nurse midwife licensed under chapter 18.79 RCW. The MIT trainee shall provide to the department the name and contact information of each signatory, if available.

(b) Documentation of prenatal care examinations for fifty women and early postpartum care examinations for fifty women. The same women need not be seen for both examinations. At least fifteen of the fifty care exams in each category must occur after the MIT permit is issued. Documentation must include at least the date, client identifier, applicant’s role at birth, and the signature or initials of the qualified attendant at the birth of either: A midwife licensed under chapter 18.50 RCW, a physician licensed under chapter 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, or a certified nurse midwife licensed under chapter 18.79 RCW. The MIT trainee shall provide to the department the name and contact information of each signatory, if available.

(7) The department in consultation with a designated member of the MAC will determine whether the MIT trainee has successfully completed the prospectus components described in subsection (2) of this section and the prenatal, intrapartum, and postpartum care components in subsection (6)(a) and (b) of this section. If the department makes the determination of successful completion, the MIT trainee is eligible to apply for licensure.

WAC 246-834-230 Midwife-in-training (MIT) program—Preceptor qualifications. (1) In reviewing a proposed MIT program, the department shall use the following criteria to assess the qualifications and determine the responsibilities of a preceptor required in WAC 246-834-220:

(a) Qualifications to be a preceptor:
   (i) Hold an active license without restriction or conditions as a midwife under chapter 18.50 RCW, a certified nurse midwife under chapter 18.79 RCW, a physician under chapter 18.71 RCW, or an osteopathic physician under chapter 18.57 RCW;
   (ii) Actively practiced at least three consecutive years or attended at least one hundred fifty births;
   (iii) Demonstrated ability and skill to provide safe, quality care; and
   (iv) Demonstrated continued interest in professional development beyond the requirements of basic licensure.

(b) Responsibilities of a preceptor:
   (i) Monitor the educational activities of the trainee and have at least one conference with the MIT trainee quarterly to discuss progress.
   (ii) Submit quarterly progress reports to the department.
   (iii) Maintain and submit, at the department’s request, documentation of the total number of births as specified in WAC 246-834-220 (6).

(2) The department may disqualify an approved preceptor if the preceptor fails to meet or fulfill the qualifications and responsibilities under subsection (1) of this section.

WAC 246-834-240 Trainee permit for midwife-in-training program. (1) A trainee permit for a midwife-in-training (MIT) may be issued to any individual who has:

(a) Filed a completed MIT application accompanied by a nonrefundable fee as specified in WAC 246-834-990; and

(b) Been approved for the MIT program.

(2) The MIT trainee permit authorizes individuals to manage care as required in WAC 246-834-220(6).

(3) The MIT trainee may renew their permit annually for the duration of the MIT program, not to exceed five years.

(4) The department may deny, modify or revoke an MIT trainee permit at any time if the department determines that patient safety, health or welfare may be in jeopardy or the trainee fails to comply with the requirements of this section.

[Statutory Authority: RCW 18.50.065, 18.50.135, and 18.50.040. WSR 15-20-049, § 246-834-230, filed 9/30/15, effective 10/31/15. Statutory Authority: RCW 18.50.135 and 18.50.045. WSR 92-02-018 (Order 224), § 246-834-220, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. WSR 88-12-040 (Order PM 732), § 308-115-230, filed 5/27/88.]

(11/30/15)
WAC 246-834-250 Legend drugs and devices. (1) Licensed midwives may purchase and use legend drugs and devices as follows:

(a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitoring, toco monitoring, neonatal and adult resuscitation equipment, oxygen, glucometer, and centrifuge; and

(b) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, ordered by licensed midwives.

(2) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic medications as listed in RCW 18.50.115, licensed midwives may obtain and administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers heparin and 0.9% sodium chloride for use in intravenous locks;

(b) Sterile water for intradermal injections for pain relief;

(c) Magnesium sulfate for prevention of maternal seizures pending transport;

(d) Epinephrine for use in maternal anaphylaxis pending transport;

(e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women, HBIG and HBV for neonates born to hepatitis B mothers;

(f) Terbutaline for nonreassuring fetal heart tones and/or cord prolapse pending transport;

(g) Antibiotics for intrapartum prophylaxis of Group B Beta hemolytic Streptococcus (GBS) per current CDC guidelines; and

(h) Antihemorrhagic drugs to control postpartum hemorrhage, such as misoprostol per rectum (for use only in postpartum hemorrhage), methylergonovine maleate in the absence of hypertension, oral or intramuscular, prostaglandin F2 alpha (hemobate), intramuscular.

(3) The client’s records shall contain documentation of all medications administered.

(4) The midwife must have a procedure, policy or guideline for the use of each drug.

WAC 246-834-260 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Midwifery Program
1300 S.E. Quince St.
P.O. Box 47864
Olympia, Washington 98504-7864

(5) "Midwife" means a person licensed pursuant to chapter 18.50 RCW.

(6) "Mentally or physically disabled midwife" means a midwife who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice midwifery with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

WAC 246-834-270 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the midwife being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person’s right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

WAC 246-834-280 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any midwife’s services are terminated or are restricted based on a determination that the midwife has either committed an act or acts which may constitute unprofessional conduct or that the midwife may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-115-270, filed 6/30/89.]
WAC 246-834-290 Midwifery associations or societies. The president or chief executive officer of any midwifery association or society within this state shall report to the department when the association or society determines that a midwife has committed unprofessional conduct or that a midwife may not be able to practice midwifery with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-115-290, filed 6/30/89.]

WAC 246-834-310 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a midwife has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-115-310, filed 6/30/89.]

WAC 246-834-320 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to midwives shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured midwife's incompetency or negligence in the practice of midwifery. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the midwife's alleged incompetence or negligence in the practice of midwifery.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-115-320, filed 6/30/89.]

WAC 246-834-330 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed midwives, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-115-330, filed 6/30/89.]

WAC 246-834-340 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a midwife is employed to provide patient care services, to report to the department whenever such a midwife has been judged to have demonstrated his/her incompetency or negligence in the practice of midwifery, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled midwife. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-115-340, filed 6/30/89.]

WAC 246-834-345 License renewal. A licensed midwife must renew their license every year on his or her birthday. To renew a license, a licensed midwife shall comply with the requirements in:

1. RCW 18.50.102 License renewal;
2. RCW 18.50.108 Written plan for consultation, emergency transfer, and transport;
3. WAC 246-12-030 How to renew a credential;
4. WAC 246-834-355 Continuing education;
5. WAC 246-834-360 Quality improvement program;
6. WAC 246-834-370 Data submission; and
7. WAC 246-834-990 Midwifery fees and renewal cycle.

[Statutory Authority: RCW 18.50.102 and 18.50.135. WSR 15-24-092, § 246-834-345, filed 11/30/15, effective 12/31/15.]

WAC 246-834-355 Continuing education. (1) A licensed midwife shall complete thirty hours of continuing education (CE) every three years and must comply with chapter 246-12 WAC, Part 7. CE course work must contribute to the professional knowledge and development of the licensed midwife.

(a) A minimum of twenty-five hours must be directly related to the clinical practice of midwifery.

(b) Any remaining hours may be in professional development activities that enhance the practice of the licensed midwife.

(2) A licensed midwife shall obtain CE hours through one or more of the categories listed below. Documentation for all activities must include licensee's name, date of activity, and number of hours. Additional specific documentation is defined below:

(a) Acceptable CE course work. A minimum of ten hours is required per reporting period in acceptable CE course work. For the purposes of this section, acceptable CE course work means courses offered or authorized by industry recognized local, state, private, national and international organizations, agencies or institutions of higher learning. The department will not authorize or approve specific CE courses. The required documentation for this category is a certificate or documentation of attendance.

(b) Course work or classes offered by an accredited college or university. The course work must provide skills and knowledge beyond entry-level skills. The required documentation for this category is a transcript or documentation of attendance. A maximum of ten hours is allowed per reporting period for this category.

(c) Research, writing, or teaching. The required documentation for this category is a two page synopsis for each activity written by the licensee. A maximum of fifteen hours is allowed per reporting period for this category.

(d) Documented self-study or life experience. The required documentation for this category is a two page syn-
opinions of each activity written by the licensee. A maximum of five hours is allowed per reporting period for this category.

(e) Serving on a professional board, committee, disciplinary panel, or association. The required documentation for this category is a letter or other documentation from the organization. A maximum of five hours is allowed per reporting period for this category.

(f) Professional manuscript review. The required documentation for this category is a letter from the publishing organization verifying review of the manuscript. A maximum of ten hours is allowed per reporting period for this category.

(g) Professional conference or workshop. The required documentation for this category is a certificate or documentation of attendance. A maximum of ten hours is allowed per reporting period for this category.

(3) Continuing education credit will not be given for the following:

(a) A cardiopulmonary resuscitation course;
(b) A neonatal resuscitation course; or
(c) Participation in data submission on perinatal outcomes.

(4) Verification of completion of continuing competency hours will begin on January 1, 2019.

[Statutory Authority: RCW 18.50.102 and 18.50.135. WSR 15-24-092, § 246-834-355, filed 11/30/15, effective 12/31/15.]

WAC 246-834-360 Quality improvement program.

(1) As a condition of renewing a license, a licensed midwife shall:

(a) Participate in a Washington state coordinated quality improvement program peer review process that complies with the requirements in RCW 43.70.510.

(b) Attest every two years that the midwife has completed peer review for a minimum of five of the midwife's clinical cases over the course of those two years.

(2) A midwife may be excused from or granted an extension of participation in a peer review process due to illness or other extenuating circumstances. The department, upon request, will determine if the requirements may be waived or if an extension may be granted.

(3) For auditing purposes, written confirmation of participation in a peer review process from the approved coordination quality improvement program shall suffice. The midwife must keep her/his participation records; records must not be sent to the department.

(4) Verification of completion of participation in a peer review process will begin on January 1, 2018.

[Statutory Authority: RCW 18.50.102 and 18.50.135. WSR 15-24-092, § 246-834-360, filed 11/30/15, effective 12/31/15.]

WAC 246-834-370 Data submission. (1) As a condition of renewing a license, a licensed midwife shall report data on all courses of care for every mother and newborn under the midwife's care to a national or state research organization approved by the department. If the mother declines to participate in the collection of data, the midwife shall follow the protocol of the approved national or state research organization.

(2) The licensed midwife shall verify compliance by submitting an attestation to the department annually with the license renewal.

(3) For auditing purposes, written confirmation of full participation in data collection from the approved state or national research organization shall suffice.

(4) The midwife must keep her/his data and participation records; data and participation records will not be submitted directly to the department.

[Statutory Authority: RCW 18.50.102 and 18.50.135. WSR 15-24-092, § 246-834-370, filed 11/30/15, effective 12/31/15.]

WAC 246-834-400 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for over three years, the practitioner must:

(a) Demonstrate competence to the standards established by the secretary;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-834-400, filed 2/13/98, effective 3/16/98.]

WAC 246-834-990 Midwifery fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following fees are nonrefundable:

<table>
<thead>
<tr>
<th>Title of Fee</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial application</td>
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</tr>
<tr>
<td>National examination administration (initial/retake)</td>
<td>103.00</td>
</tr>
<tr>
<td>State examination (initial/retake)</td>
<td>155.00</td>
</tr>
<tr>
<td>Renewal</td>
<td>500.00</td>
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<tr>
<td>Late renewal penalty</td>
<td>250.00</td>
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<tr>
<td>Duplicate license</td>
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<tr>
<td>Certification of license</td>
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<tr>
<td>Application fee—Midwife-in-training program</td>
<td>978.75</td>
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<tr>
<td>Expired license reissuance</td>
<td>300.00</td>
</tr>
<tr>
<td>UW online access fee (HEAL-WA)</td>
<td>16.00</td>
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[Statutory Authority: RCW 43.70.110 (3)(c) and 43.70.250. WSR 12-19-088, § 246-834-990, filed 9/18/12, effective 11/1/12. Statutory Authority: RCW 43.70.110 and 43.70.112. WSR 11-19-096, § 246-834-990, filed 9/20/11, effective 1/1/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-834-990, filed 9/16/10, effective 10/15/10. Statutory Authority: 2006 c 372, RCW 43.70.250 and 18.50.135. WSR 06-13-012, § 246-834-990, filed 6/9/06, effective 7/1/06. Statutory Authority: RCW 43.70.250, [43.70.280] and 43.70.110. WSR 05-12-012, § 246-834-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and 18.50.135. WSR 04-22-113, § 246-834-990, filed 11/3/04, effective 2/17/05. Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.50.102. WSR 01-23-101, § 246-834-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 18.50.102 and 43.70.250. WSR 98-11-069, § 246-834-990, filed 5/19/98, effective 7/13/98. Statutory Authority: RCW 43.70.250, WSR 91-13-002 (Order 173), § 246-834-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-834-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. WSR 90-04-094 (Order 029), § 308-115-405, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.50.135. WSR 89-08-008 (Order PM 827), § 308-115-405, filed 3/24/89. Statutory Authority: RCW 43.24.086. WSR 87-18-031 (Order PM 667), § 308-115-405, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. WSR 83-17-031 (Order PL 442), § 308-115-405, filed 8/10/83. Formerly WAC 308-115-400.]

[Ch. 246-834 WAC p. 10] (11/30/15)