



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

## Midwife-in-Training Letter of Recommendation

Please complete this reference form and return it directly to the address above.

This is to certify that I have known \_\_\_\_\_

for \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_  
during which period he/she was engaged in the study or active practice of midwifery.

To the best of my knowledge he/she is of good moral and professional character, is free from habits which might interfere with his/her professional activities and is worthy of holding a license to practice midwifery in the state of Washington.

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: No one is expected to sign this recommendation who does not know the applicant personally or who is not willing to supply more information concerning this person's character, standing and education, upon request from the Department of Health.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Profession \_\_\_\_\_

Should you have any questions, please call customer service at 360-236-4700.