



Washington State Department of
Health

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

Washington Specific Review of Legend Drugs and Devices WAC 246-834-250 Preceptor Sign-off Form

In order to ensure that Certified Professional Midwife applicants have obtained sufficient education and training in the use of obstetric pharmacological agents they must obtain their preceptor's signature certifying that the applicant knows the correct usage and administration of the following pharmacological agents and supplies. See [RCW 18.50.115](#) and [WAC 246-834-250](#).

Applicant Name:	
Pharmacological Agents	Preceptor Signature
Rho immune globulin (human) (RhoGAM)	
IV fluids (limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, Heparin, and .9 Sodium Chloride for use in IV locks.	
Sterile water for intradermal injections for pain relief.	
Local Anesthetic	
Antibiotics for intrapartum prophylaxis of Group Beta Hemolytic Streptococcus (GBS) per current CDC guidelines	
Postpartum Oxytocic	
Magnesium sulfate (for prevention of maternal seizures pending transport)	
Epinephrine (for use in maternal anaphylaxis pending transport)	
Terbutaline (for non reassuring fetal heart tones and/or cord prolapse pending transport)	
Anti hemorrhagic drugs to control postpartum hemorrhage, such as knows the correct usage and administration of the following pharmacological agents and supplies: <ul style="list-style-type: none"> • Misoprostel per rectum (for use only in postpartum hemorrhage); • Oral/intramuscular methylergonovine maleate (in the absence of hypertension); and • Intramuscular prostoglandin F2 alpha (hemobate). 	
Measles, mumps and rubella (MMR) vaccine to non-immune postpartum women	
Newborn prophylactic ophthalmic medication	
Vitamin K	
HBIG and HBV (for neonates born to hepatitis B positive mother)	

Supplies	Preceptor Signature
Dopplers	
Syringes, needles, phlebotomy equipment	
Sutures	
Urinary CAtheters	
Intravenous Equipment	
Amnihooks	
Airway suction devices	
Electronic fetal monitoring, toco monitoring	
Neonatal and adult resuscitation equipment	
Oxygen equipment	
Glucometer	
Centrifuge	

Applicant Signature: _____ Date _____

Preceptor Name: (please print) _____

Credential Type _____