

**ARKANSAS DEPARTMENT OF HEALTH
LLM LICENSE RENEWAL APPLICATION**

Last Name	First	Middle	Date of Birth	Date
<i>It is your responsibility to notify us of any change in name or address</i>		Midwife License Number	Social Security Number	
Address (include Street, City, State, Zip)			Home Phone ()	
			Business Phone ()	
Mailing Address, if different from above			Other Phone (pager, etc.) ()	
			Email Address:	
CPM License #		Expiration Date		Midwifery Bridge Certificate #
CM Certificate #		Expiration Date		
CNM Certificate #		Expiration Date		CNM License #
Expiration Date		Expiration Date		
Current Midwifery Licenses other than Arkansas (Verification of licensure may be requested)		State	License Number	Expiration Date
Current Health Related Licenses		State	License Number	Expiration Date
Have you ever had a license revoked in any health-related field since last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____		Have you ever been convicted of a felony since last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____		
Has your application for any professional license, certificate, registration been denied by any state licensing board or federal authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____				
That in consideration of the issuance to me of a license to practice in Arkansas, I swear that I shall observe, abide by and uphold the laws of the State of Arkansas governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges accorded me there under.				
Signature of Applicant _____			Date _____	

PROCEDURES FOR APPLYING FOR RENEWAL OF LAY MIDWIFERY LICENSE

Lay midwifery licenses are valid for up to three (3) years and are renewed on August 31 of the third year of licensure. Applications are due 60 days prior to that date.

In order to be reviewed an application for renewal must be complete and accompanied by all supporting documentation. **Type or print the application and review thoroughly before submitting. An incomplete application will delay processing.**

All applicants must submit the following items before your application will be considered:

- 1. Complete application form.
- 2. Copy of certificate documenting completion of ADH exam on the Arkansas Rules with a score of 80% or higher. Instructions for taking the exam are available from ADH.
- 3. Documentation, if applicable, in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate that applicant is currently certified:
 - a. By NARM as a certified professional midwife (CPM).
 - b. By the American Midwifery Certification Board (AMCP) as a certified nurse-midwife (CNM).
 - c. By the AMCP as a certified midwife (CM).
 - d. By certification deemed equivalent and approved by ADH.ADH may request additional documentation to support applicant's qualifications or certifications.
- 4. Verification of Midwifery Bridge Certificate (MBC), if held and not previously submitted. Documentation may be received in the form of a verification letter directly from NARM or a notarized copy of the applicant's certificate.

For applicants who are LLMs who have been continuously licensed in the state of Arkansas prior to the effective date of these Rules, and who have never received certification from NARM as a CPM, the following requirements must be met:

- 1. Complete application form.
- 2. Documentation of hours of continuing education obtained (LLM Rules, Section 202.#2.d.) Documentation must include a copy of the diploma or certificate and the following:
 - a. Type of training: College, Vocational Training, Continuing Education
 - b. Name of institution
 - c. Name of course
 - d. Dates attended (from-to)
 - e. Total number of credits/clock hours/contact hours
 - f. Date of diploma or certificate
- 3. Notarized copy of both sides of current certification adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross.
- 4. Notarized copy of both sides of current certification in neonatal resuscitation through a course recognized by NARM.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.
- ADH has the option to request verification of current required certifications and of other licensure held.

Mail all forms and attachments to:
ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205