

**ARKANSAS DEPARTMENT OF HEALTH
APPRENTICE PERMIT RENEWAL**

Renewed permits will be valid until three (3) years from the effective date of the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas.

Last Name	First	Middle	Date of Birth	Date
<i>It is your responsibility to notify us of any change in name or address</i>			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	
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="radio"/> Yes <input type="radio"/> No If yes, specify _____ _____		Have you ever been convicted of a felony since last application ? <input type="radio"/> Yes <input type="radio"/> No If yes, specify _____ _____		

Signature of Applicant

Date

**PROCEDURES FOR APPLYING FOR RENEWAL OF
LAY MIDWIFERY APPRENTICE PERMIT
For Transitional Apprentices**

Transitional Apprentices will have three (3) years from the effective date of the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas to successfully complete their apprenticeship and submit an application for lay midwifery licensure to ADH. If necessary, the apprentice permit may be renewed during this period and will be valid until three (3) years from the effective date of the Rules. The permit must be renewed by the permit's expiration date. All renewal requirements must be received by ADH at least 60 days before the permit's expiration 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 both sides of current certification in 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. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- 3. Copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- 5. Verification of all current Preceptor-Apprentice relationships documented by Preceptor-Apprentice Agreement forms for each preceptor signed within 90 days of application submission.
- 6. Notarized documentation of clinical experience for the time period covered for this licensing period. This includes progress made toward licensure that year, i.e. number of AP visits conducted, labor managements and deliveries, newborn evaluations and post-partum examinations conducted under supervision.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- A Preceptor-Apprentice Agreement form must be signed by each preceptor under which the apprentice trains during the course of the apprenticeship and sent to ADH by the apprentice within 30 days of signing. An apprentice shall submit written notice to ADH within 30 days after any change to the relationship with a preceptor.

Mail all forms and attachments to:

ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205