

**ARKANSAS DEPARTMENT OF HEALTH  
LLM INITIAL LICENSE AND REACTIVATION OF LICENSE APPLICATION**

Last Name		First	Middle	Social Security Number	
				Date	
Street		City		State	Zip
Mailing Address, if different					
Home Phone ( )	Business Phone ( )	Other Phone (cellular, pager, etc.) ( )		Email	
Date of Birth	Have you attended school, been licensed, or certified under a different name? <input type="checkbox"/> Yes				<input type="checkbox"/> No
	If yes, what name(s) _____				<input type="checkbox"/> No
Did you graduate High School? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If No, do you have a GED or High School Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
From Where?			Date Obtained:		
Highest Grade Completed	Date Completed	Name of High School		Address	State Zip
CPM Certificate #		Expiration Date		MBC Certificate #	
CM (AMCB) Certificate #		Expiration Date			
CNM (AMCB) Certificate #		Expiration Date	CNM License #		Expiration Date
College or Vocational Training Name and Address of School			Dates Attended	Total Credit/ Clock Hours	Date of Diploma Or Certificate
			From To		
			From To		
			From To		

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Current Health-Related Licenses Name of Trade or Profession	State	License Number	Expiration Date

Have you ever had a license revoked in any health-related field?     Yes     No  
 If yes, specify: \_\_\_\_\_  
 If yes, specify \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No  
 If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received before your application will be processed.

Please list any other states or territories where you have held a Midwife license and indicate whether or not the license is current:  
 \_\_\_\_\_  
 \_\_\_\_\_

(Verification of licensure sent from the state where the license is held may be requested.)

Has your application for any professional license, certificate, registration been denied by any state licensing board or federal authority?     Yes     No  
 If yes, specify \_\_\_\_\_

**ATTACH RECENT  
PHOTOGRAPH HERE**

Passport style taken  
within 60 days prior  
to submission  
of application

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 immoral, 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

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**PROCEDURES FOR APPLYING FOR LAY MIDWIFERY LICENSE**

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Type or print the application and check thoroughly before submitting. An incomplete application will delay processing. All items must be on file before your application will be considered. If any of your application documentation requires additional information the review process may take longer. Apply far enough in advance to allow for processing time.

**All applicants must submit the following items:**

- 1. Complete application form, including passport style and size photograph, head and shoulders, taken within 60 days of application date.
- \*2. Notarized copy of the applicant's high school diploma, GED Certificate or documentation of highest degree attained after high school. Must include the name of the issuing school or institution and the issue date.
- \*3. Notarized copy of one of the following documents that demonstrates the applicant is 21 years of age or older:
  - A. Birth Certificate
  - B. U.S. Passport, current or expired
  - C. U.S. Driver's License or other state-issued identification document
  - D. Document issued by federal, state or provincial registrar of vital statistics
- 4. 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:
  - i. By NARM as a Certified Professional Midwife (CPM).
  - ii. By the American Midwifery Certification Board (AMCB) as a certified nurse midwife (CNM).
  - iii. By the American Midwifery Certification Board (AMCB) as a certified midwife (CM).
  - iv. By certification deemed equivalent and approved by ADH.ADH may request additional documentation to support applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.
- 5. Documentation, if applicable, that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.

**Applicants with a current Apprentice permit issued prior to the effective date of these Rules must additionally submit the following notarized forms:**

- 1. Clinical Experience Documentation for Births as a Primary Midwife form
- 2. Preceptor Verification Form
- 3. Documentation of Acquisition of Clinical Knowledge and Skills (completed by each Preceptor)
- 4. 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 licensee to ensure this certification is current at all times and documentation must be provided upon request.
- 5. Copy of both sides of current certification in neonatal resuscitation through a course recognized by NARM. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

**NOTE:**

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- ADH has the option to request of verification of current required certifications and of other licensure held.
- \*Arkansas Apprentices that have provided this information to the Health Department with apprentice application will not be required to resubmit these items.

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