

Women’s Health Section receives and investigates complaints against licensed and non-licensed lay midwives in Arkansas for non-compliance with the *Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas*. The Arkansas State Board of Nursing (ARSBN) investigates complaints about licensed nurses, including *certified nurse midwives*. If you wish to file a complaint regarding a *certified nurse midwife*, please refer to the website, <https://www.arsbn.org/> for more information. Complaints regarding a lay midwife may be filed electronically through the Licensed Lay Midwifery Program Complaint Form below or via call, mail, fax or email directed to:

Women’s Health Section
 Arkansas Department of Health
 4815 W. Markham, Slot 16
 Little Rock, AR 72205
 Phone: (501) 661-2480
 Fax: (501) 661-2464
 Email: adh.whgen@arkansas.gov

Licensed Lay Midwifery Program Complaint Form

*required information

TYPE OR PRINT LEGIBLY IN INK

INFORMATION ABOUT THE MIDWIFE BEING REPORTED			
Midwife’s Last Name*		Midwife’s First Name*	
Street Address	City	State	Zip Code
PERSON MAKING THE COMPLAINT (COMPLAINANT) INFORMATION			
Complainant’s Last Name*	Complainant’s First Name*	Complainant’s Email address*	
Street Address	City	State	Zip Code
What is your relationship to the midwife?*			
<input type="checkbox"/> Client <input type="checkbox"/> Family Member/Friend of Client <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (Specify):			
WITNESS INFORMATION			
(1) Witness’s Name	Witness’s Phone Number	Witness’s Email Address	
Witness’s Street Address	City	State	Zip Code
(2) Witness’s Name	Witness’s Phone Number	Witness’s Email Address	
Witness’s Street Address	City	State	Zip Code

Please answer each question below:

Did the midwife provide prenatal care to a client/clients in Arkansas?*

Yes No Unknown

Did the midwife provide labor/delivery services outside of a hospital in Arkansas? *

Yes No Unknown

Did the midwife accept payment for any services provided?*

Yes No Unknown

DESCRIPTION OF COMPLAINT*

Describe in detail what the midwife has done or failed to do that may violate the *Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas*. Include who, what, when and where. Client names may be given in a complaint to a Licensing Agency without violating the client’s confidentiality or HIPAA Rules. If reporting a conviction, give the name of the court, e.g., Municipal Court of ____, Circuit Court of ____, Federal Court of ____. **Print Legibly.**

Attach additional paper if necessary. Mail completed form to the Women’s Health Section or fax to 501-661-2464.

The *Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas* are promulgated pursuant to the authority conferred by the Licensed Lay Midwife Act A.C.A. § 17-85-101 et seq. and A.C.A. § 20-7-109. Specifically, the LLM Act directs the Arkansas State Board of Health to administer the provisions of the Act and authorizes and directs the Board to adopt rules governing the qualifications for licensure of lay midwives and the practice of Licensed Lay Midwifery. The broad authority vested in the Board of Health, pursuant to ACA § 20-7-109, to regulate and to ultimately protect the health of the public is the same authority the Board utilizes in enforcing the Rules, determining sanctions, revoking licenses, etc. The State Board of Health (BOH) has delegated this authority to the Arkansas Department of Health (ADH).

A complete copy of the *Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas* can be found at https://www.healthy.arkansas.gov/images/uploads/pdf/LLM_Rules_Effective_6.1.18_Signature_Added.pdf.