Women's Health Section receives and investigates complaints against licensed and non-licensed lay midwives in Arkansas for noncompliance with the *Rules 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, <u>https://www.arsbn.org/</u> 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				
<b>INFORMATION ABOUT THE MI</b>	DWIFE BE	ING REPOR	RTED				
Midwife's Last Name*			Midwife's First Name*				
Street Address		City		State			Zip Code
PERSON MAKING THE COMPLA	AINT (COM	<b>IPLAINAN</b>	() INFORMA	TION			
Complainant's Last Name*	Complain	Complainant's First Nan		Complainant's Email address*			
Street Address		City			State		Zip Code
What is your relationship to the midwi	ife?*						
□ Client □ Family Member/Frien	d of Cliont	Co-worl	or Other	(Specify)			
WITNESS INFORMATION				(speeny)	•		
		Witness's Phone Number		Witness's Email Address			
Witness's Street Address		City			State		Zip Code
(2) Witness's Name W		Witness's Phone Number		Witness's Email Address			
Witness's Street Address	I	City			State		Zip Code
					1		

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 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 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 Governing the Practice of Licensed Lay Midwifery in Arkansas* can be found at <u>https://www.healthy.arkansas.gov/images/uploads/pdf/Licensed Lay Midwifery Effective 12.5.20.pdf</u>.