

ARKANSAS DEPARTMENT OF HEALTH
Women's Health
Application for Lay Midwifery License

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.) ()		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Have you attended school, been licensed, or certified under a different name? If yes, what name(s) _____			<input type="checkbox"/> Yes <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
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		
Other Licenses Name of Trade or Profession		State		License Number		Expiration Date
Have you ever had a license revoked in any health-related field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____				Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____		
Practical Experience	As Active Participant	As Primary Midwife	Out of Hospital Births	Hospital Births	Supervisor	
Management of Labor and Births						
Initial Prenatal Exams						
Prenatal Exams						
Newborn Evaluation						
Postpartum Evaluations 0 to 5 Hours Postpartum						
Postpartum Evaluations 24 to 72 Hours Postpartum						
Births with ≥ 4 prenatal exams, birth attendance, newborn exam, and postpartum exam						

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The above practical experiences were performed under the supervision of the following individuals:

Full Name and Title of Supervisor	Complete Mailing Address

I certify that all information given on this application is true and accurate.

Signature of Applicant

Date

*Notarize here if you are an Apprentice applying for the Lay Midwife License

Type or print the application and check thoroughly before submitting. An incomplete application will delay processing.

The following documentation must be included with the application:

1. *Copy of High School Diploma, GED Certificate or highest degree obtained.
2. Current documentation of a negative TB skin test, negative chest X-ray, or a valid health card.
3. *Date of Rubella Immunization or documentation of rubella immune status.
4. Current certification by American Red Cross or American Heart Association to provide cardiopulmonary resuscitation to adults and infants.
5. Documents of completion of the clinical requirements by either:
 - a. Clinical Experience Documentation for Births as Primary Midwife Form, Preceptor Verification Form for Licensed Lay Midwife Application and Documentation of Acquisition of Clinical Knowledge and Skills (completed by each supervising Midwife) documenting the minimal practice experience requirements. (Notary Required) or
 - b. Verification of attainment of the Certified Professional Midwife credential in the form of a letter from the North American Registry of Midwives or a notarized copy of your CPM certificate.

* 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:
 FREEWAY MEDICAL BUILDING
 AR DEPT OF HEALTH, WOMEN'S HEALTH
 5800 WEST 10TH, SUITE 401
 LITTLE ROCK, AR 72204