

Agency Mission: To protect and promote the welfare of the people of Kansas.

**Kansas State Board of Nursing
Landon State Office Building
Board of Nursing Library, Room 1051
Investigative Committee Agenda
March 23, 2026**

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: 9:00 a.m. – Until Finished

Committee Members: Ruth L.M. Burkhart, DNP, MSN, MA, RN-BC, LPCC, Chair
Adri Gouldsmith, LPN, V. Chair
Brenda Sharpe, Public Member

Staff: Linda Davies, MSN, BSN, RN, Practice Specialist
Stephanie Wiley, Sr. Administrative Assistant

- I. Quorum (minimum of 2 members present) – Yes or No
- II. Call to Order
- III. Review of On-Site packets
- IV. Additions/Revisions to the agenda
- V. Announcements
- VI. Approval of minutes – December 8, 2025

Consent Item Agenda

- VII. Unfinished Business
 1. Legislative Review of Statutes, Regulations
 2. EVOKE Case Management Status Update
 3. Certified Professional Midwife (CPM)
Please see <https://ksbn.kansas.gov/how-to-file-a-complaint/>
- VIII. New Business
 1. KNAP Statistical Summary and Update
 2. Acumen Assessments
 3. Investigative Process and KSBN Complaint Evaluation Tool – Draft
- IX. Quasi-Judicial
- X. Agenda for June 2026 Committee meeting
- XI. Adjourn

Executive session if needed.

Committee Responsibilities:

To review and recommend revisions in investigative and discipline statutes and regulations. To conduct a review of cases opened by the legal department, determine what type of disciplinary proceeding, and recommend proceedings be initiated. To review and recommend changes to investigative and discipline policies and procedures. To maintain a structured system for monitoring impaired licensees; to review and recommend revisions to the impaired assistance program yearly contract.

Please Note: Additional items, which have come to the attention of the Board or Committee, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

You are invited to a Zoom webinar!

When: Mar 23, 2026 08:30 AM Central Time (US and Canada)

Topic: Kansas State Board of Nursing - Investigative Committee

Join from PC, Mac, iPad, or Android:

<https://us02web.zoom.us/j/88917538306?pwd=zED5fkSOkkP64pl8xHnuYXWlQihKwU.1>

Passcode:KsbnINVCom

Phone one-tap:

+13462487799,,88917538306#,,,,*1011230716# US (Houston)

+16694449171,,88917538306#,,,,*1011230716# US

Join via audio:

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 646 876 9923 US (New York)

+1 646 931 3860 US

+1 689 278 1000 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

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Webinar ID: 889 1753 8306

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785-296-4929



How to File a Complaint

APRN | RN | LPN | LMHT

To file a complaint regarding the practice of an APRN, RN, LPN, or LMHT:

Effective October 1, 2019 the Kansas State Board of Nursing has revised the Complaint Form. This form can now be downloaded/printed with the button above. To ensure that the KSBN has information to open an investigation, please complete the Complaint Form with as much information as possible. Upon completion, please mail the form to the KSBN at:

Landon State Office Building
900 SW Jackson Street
Suite 1051
Topeka, Kansas 66612-1230

Please review [The Investigative Process](#). If you have questions, please call 785-296-8401.

Regarding Midwives:

The Kansas State Board of Nursing regulates Advanced Practice Registered Nurses (“APRNs”) who serve as Certified Nurse-Midwives engaged in the independent practice of midwifery. See [K.S.A. 65-1130\(g\)](#). You may file a complaint against an APRN serving as a Certified Nurse-Midwife through the forms below.

The Kansas State Board of Nursing does not regulate individuals who are not licensed by the Board who act as Certified Professional Midwives. If you wish to file a complaint against an individual who is a Certified Professional Midwife, you may do so through the website of the [North American Registry of Midwives](#).

Select a complaint form:

I am a member of the public

I am an Employer/Risk Manager

NOTICE

The information provided on this webpage is not intended to be legal advice or a complete explanation of legal rights.

[KS Statutes](#) | [Nurse Practice Act](#)



[FAQs](#)

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900 SW Jackson Street
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North American Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

ACCOUNTABILITY PROGRAM Preceptor-Student Accountability Policy and Procedure

I. Overview

The North American Registry of Midwives (NARM) recognizes its responsibility to protect birthing families and the integrity and value of the Certified Professional Midwife (CPM) certification by taking an active role in evaluating allegations of misconduct by CPMs, CPM Applicants or Registered Preceptors.

NARM upholds the value of the Portfolio Evaluation Process (PEP) pathway to becoming a Certified Professional Midwife, and promotes the highest standards of midwifery education and training with the goal of ensuring equitable access to the CPM application process. NARM takes an active role in the evaluation of complaints lodged against preceptors and/or students engaged in the Portfolio Evaluation Process (PEP). A NARM Registered Preceptor is a credentialed, experienced midwife who agrees to train student midwives intending to apply for the Certified Professional Midwife (CPM) credential and who has current, approved Registered Preceptor status with NARM. Lastly, NARM recognizes the important role MEAC accredited education programs plays in the training of CPMs by providing both didactic learning and clinical experience. The role of the preceptor is essential to the success of training new midwives through all pathways.

II. Initiating Complaints

- A. Complaints must be initiated through the [NARM Complaint form](#) or by request to accountability@narm.org.
- B. Complaints about a Preceptor's (CPM) conduct related to client care
 1. must be received within two (2) years of the conclusion of care, or
 2. complaints originating from a State regulatory board or quality assurance (QA) program must be received within 90 days of completion of said regulatory or QA investigation.
 3. must meet the basis for accountability case review defined in the Accountability and Appeal Policy III(A)(4-9).
- C. Complaints against a Preceptor (CPM) regarding the integrity of the Portfolio Evaluation Process as defined in the Accountability and Appeal Policy III(A)(1-3) must be received within two (2) years of completion or termination of the preceptor-student agreement and include:

1. fraud or deceit in the application process
 2. irregularity regarding the NARM exam
 3. misrepresentation of certification or Registered Preceptor status
- D. Complaints may be initiated by:
1. a midwifery client;
 2. a state licensing board or regulatory body;
 3. a state QA Program;
 4. an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint; or
 5. a CPM Applicant
 6. a Registered Preceptor

III. Basis for Accountability Case Review

- A. Complaints lodged against a CPM or CPM applicant who is engaged in the PEP pathway must meet the criteria in the [Accountability and Appeal Policy](#) IIIA(1-9) in order to be considered for case review.
- B. Complaints against a Respondent who is a CPM Applicant:
 1. if the CPM Applicant is engaged in the Portfolio Evaluation Process (PEP), the complaint must include their preceptor as a Co-Respondent.
 2. if the CPM Applicant is enrolled in a MEAC accredited education program, the complaint will be referred back to the educational body for internal review utilizing the [Student/Preceptor Complaint Referral form](#)
- C. NARM will not address complaints:
 1. without sufficient information including the name of client, a description of the event, and dates of service and identification of the applicable complaint category described in IIIA (1-9) of NARM's Accountability Policies and Procedures.
 2. that do not indicate a violation of midwifery practice standards, student work agreements, or irregularities in the application process
 3. NARM does not mediate financial disputes outside of those that represent a direct violation of the student work agreement

IV. MEAC Accredited Program Preceptor-Student Complaints

- A. Complaints filed against a student (CPM Applicant)
 1. NARM Accountability staff will evaluate the complaint and confirm the student is enrolled in a MEAC Program
 2. NARM Accountability staff will notify the MEAC Program of the complaint utilizing the [Student/Preceptor Complaint Referral form](#)
 3. the Complainant will be notified that the complaint has been forwarded to the MEAC Program in which the student is enrolled for review.
- B. Complaints filed against a Registered Preceptor
 1. NARM Accountability staff will evaluate the complaint to determine if it meets the criteria for complaints against a CPM as outlined in the [Accountability Program Policies and Procedures](#)

- a) NARM Accountability staff will review allegations about misconduct by a Registered Preceptor as it relates to the provision of client care
 - b) complaints relating to the Student/Preceptor relationship will be forwarded to the MEAC Program in which the student is enrolled utilizing the [Student/Preceptor Complaint Referral form](#)
2. The Complainant will be notified that the complaint has been forwarded to the MEAC Program in which the student is enrolled for review.

V. Portfolio Evaluation Process (PEP) Preceptor-Student Complaints

A. Complaints filed against a student (CPM Applicant)

1. complaints must include the Registered Preceptor as a Co-Respondent
2. NARM Accountability staff will evaluate the complaint and confirm the student is engaged in the PEP route to certification
3. identity of the complainant shall not be disclosed to the Respondent at any point in the accountability process, including at completion of Accountability Case Review or appeal.
4. identity of the Complainant **will** be disclosed to the Respondent if the complainant is also a Preceptor filing a complaint against a CPM Applicant
5. NARM Accountability staff will evaluate the complaint and determine if it meets criteria for a complaint outlined in the [Accountability Program Policies and Procedures](#) IIIA (1-9).
 - a) if the complaint involves a dispute over the student application or adherence to the student-preceptor agreement, or other irregularities as defined by the Accountability and Appeal Policy III(A)(1-3), the complaint about the CPM Applicant (and co-respondent) will be escalated to an Application Review Panel as part of the Accountability process
 - (1) NARM Accountability staff will inform the Complainant that the complaint has been escalated
 - (2) NARM Accountability staff will inform the Applicant and their Preceptor that a complaint has been filed against their application
 - b) if the complaint meets criteria for review outlined in the Accountability and Appeal Policy III(A)(4-9) NARM Accountability staff will open a case to investigate the allegations made against the CPM applicant and by default the Preceptor
6. NARM Accountability staff will inform the Complainant of the outcome of the case review.
7. NARM Accountability staff will inform the Applicant and their Preceptor of the outcome of the case review.

B. Complaints filed against a Registered Preceptor

1. NARM Accountability staff will evaluate the complaint and confirm the student is engaged in the PEP route to certification
2. NARM Accountability staff will evaluate the complaint to determine if it meets the criteria for complaints against a Registered Preceptor as outlined in the [Accountability and Appeal Policy and Procedures](#)
 - a) complaints alleging fraud or deceit as defined in the Accountability and Appeal Policy and Procedures IIIA (1-3) in the application process will be escalated to an Applications Review Panel as part of the Accountability process.
 - b) NARM Accountability Program will conduct a Case Review if the allegations against the Registered Preceptor meet the criteria for complaints in the Accountability Policy III (A)(4-9).
3. NARM Accountability will consider complaints alleging a breach of the written Preceptor-Student work plan agreements.

VI. Basis for Preceptor Accountability Review

- A. Complaints lodged against a preceptor that do not meet the criteria in the NARM Accountability and Appeal Policy IIIA (1-9) but allege refusal to sign forms as described in III B and C of this policy will be escalated to the Applications Review Panel
- B. The NARM Candidate Information Bulletin (CIB) (pg 13, item 6) states that the “determination of ‘adequate performance’ of the skill (or experience) is at the discretion of the preceptor” and that “the preceptor makes the final determination”
- C. NARM will not mediate complaints lodged against a preceptor regarding signatures/initials documenting prenatal, birth, postpartum or newborn experiences or documenting skill attainment.
- D. The Forms 111a, 111b, 111c, 111d, 111e, 112a, 112b, 112c, 112d, 112e, 200, 201 will be signed only at the discretion of the preceptor
- E. The NARM CIB (pg 13) states “Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk revocation of their preceptor status”
 1. each preceptor who has initialed Forms 111a-d must be listed on Form 111f “List of Registered Preceptors for Birth Experience” and must individually complete form 111g “Verification of Birth Experience”
 2. NARM will address complaints alleging a preceptor refuses to sign 111f
 3. NARM will address complaints alleging a preceptor refuses to complete and sign form 111g
 4. each preceptor who has initialed Forms 112a-f must be listed on 112g “List of Registered Preceptors for Birth Experience” and 112h “Verification of Birth Experience”
 - a) NARM will address complaints alleging a preceptor refuses to sign 112g
 - b) NARM will address complaints alleging a preceptor refuses to complete and sign form 112h

VII. Refusal to sign Verification Forms

- A. All Verification forms are intended to guard against fraud and forgery. By signing said forms the preceptor is simply confirming that they did, in fact, initial the experience and skills forms 111a-d and 112a-f on a previous date. The signature does not represent the preceptor's endorsement of student readiness to advance.
- B. Justifications for refusal to sign Verification forms as identified above are:
 - 1. the preceptor was not a registered preceptor at the time of the clinical experiences
 - 2. the preceptor has not read the CIB or Preceptor Handbook
 - 3. not having been present in the room at the time of the clinical experience in question
 - 4. not having initialed the item in question
- C. Reasons for refusal to sign Verification forms that NARM does not consider justifiable are:
 - 1. after signing the skill or experience
 - a) the student has been dismissed from the practice for an identified infraction and the preceptor has concerns about the student's readiness
 - b) the student has not fulfilled the preceptor's requirements
 - c) the Preceptor is concerned about the student's overall readiness for practice
 - d) the student left the practice as the result of a falling out.

VIII. Possible Outcomes of Preceptor-Student Accountability Review

- A. The Applications Review Panel may render any one or a combination of the following decisions deemed applicable to the complaint and the findings of the review if the complaint, having been escalated from Accountability, pertains to irregularities in the application or testing process, or the signed student agreement
 - 1. exoneration of the preceptor and/or student
 - 2. revocation or suspension the CPM preceptor status
 - 3. impose corrective actions on the preceptor
 - 4. deny the student application or prohibit testing
- B. The Accountability Review Committee (ARC) may render any one or a combination of the following decisions deemed appropriate under the circumstances if the complaint pertains to criteria in Accountability and Appeal Policy III(A)(4-9)
 - 1. exoneration of the preceptor and/or student
 - 2. revocation or suspension of the Registered Preceptor status
 - 3. impose corrective actions
 - 4. flag for audit a student application

IX. Appeals

- A. Respondent may submit an appeal of an Accountability review decision to the

Accountability Program

1. requests for appeal must be initiated by contacting NARM at accountability@narm.org.
 2. requests for appeal must be received by the NARM Accountability Program within thirty (30) days of receipt of an Accountability review decision.
- B. Requests for appeal will be considered by the ARC or Applications Review Panel as indicated with the approval of the Executive Director
- C. An appeal may be granted if:
1. the Respondent provides additional material facts and/or circumstances that were not available during the Accountability deliberations
 2. if the ARC or the Applications Review Panel made a material error in its deliberations or decision.
- D. Failure of the Respondent to present material facts and/or circumstances in the Accountability Review Process that were knowingly available to the Respondent at the time shall not serve as the basis of an appeal.
- E. NARM Accountability staff will notify Respondent of decision to grant or deny request for appeal
1. notification will be provided within thirty (30) days of request for appeal
 2. notification will be issued via certified mail
- F. Appeal reviews will be conducted by the Executive Director and ARC or Applications Review Panel as indicated
1. the ARC will be comprised of the Case Coordinator, Accountability Administrator, and three (3) newly identified case reviewers
 2. the Accountability Case Reviewers will be appointed by the Accountability Case Coordinator and confirmed to have no prior knowledge of the case and no prior relationship to the Respondent, Complainant or Client
- G. All findings made by the Appeal committee are to be considered final.
- H. The NARM Appeal Procedure may be requested by contacting NARM at accountability@narm.org.

Glossary of Terms Used in Policy

Accountability Program: Two staff members. An Accountability Case Coordinator and Accountability Administrator. The program receives complaints against a CPM or CPM applicant (Respondent), implements the Accountability Case Review Policy and Process, coordinates with the Executive Director to align policy across NARM programs. Participates in data collection pertaining to complaints and case reviews for the purpose of quality improvement.

Accountability Review Committee (ARC): Accountability Case Coordinator, and Accountability Administrator, and three (3) volunteer Case Reviewers. Responsible for reviewing charts and other documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM (Respondent), conducting interviews with the Respondent and other individuals with direct knowledge of the case, and making determinations regarding violations of midwifery standards and issuing sanctions when indicated.

Applications Review Panel: From both the Accountability Program and the Applications Program, 3-5 staff members will review allegations or instances of possible fraudulent applications. Responsible for documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM Applicant (Respondent) or Registered Preceptor (Co-Respondent), conducting interviews with the Respondents and other individuals with direct knowledge of the case and making determinations regarding violations of NARM policies and procedures as laid out in the CIB and other documents.

Case Review: The process engaging the Accountability Review Committee (ARC) in the review of a complaint filed against a CPM (Respondent), all records pertaining to the event in question, and interview of the Respondent for the purpose of determining if violations of midwifery standards occurred.

Complainant: An individual who files a formal complaint with NARM Accountability Program (AP) regarding the conduct of a CPM. As per Accountability Policy a complainant may be a client, state licensing board or regulatory body, a state QA program or an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint

Complaint: A formal complaint filed against a CPM alleging misconduct as outlined in the AP Policy. Complaints must be formally filed with the Accountability Program using the standard complaint form available on the NARM website or by request in paper format.

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

MEAC: Midwifery Education Accreditation Council

Registered Preceptor Status: A NARM Registered Preceptor is a credentialed, experienced midwife who agrees to train student midwives intending to apply for the Certified Professional Midwife (CPM) credential and who has current, approved Registered Preceptor status with NARM.

Respondent: A CPM or a CPM applicant (student) who has had a complaint filed against them and is now in the process of investigation by NARM Accountability Program (AP).

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made

Version 1: Approved by NARM Board of Directors: October 3, 2025

Revised:

public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

Suspension: temporary suspension of the CPM credential for a determined period of time, and whose reinstatement is contingent upon completion of prescribed remediation efforts.

Unprofessional Conduct: Actions or omissions that compromise client safety, quality of care or professional integrity. Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, supplement in a manner inconsistent with widely accepted standards; falsification of vaccination or other health records.

North American Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

ACCOUNTABILITY AND APPEAL POLICIES

Updated October 2025

I. Overview

The North American Registry of Midwives (NARM) recognizes its responsibility to protect birthing families, and the integrity and value of the Certified Professional Midwife (CPM) certification by taking an active role in evaluating allegations of misconduct by CPMs or CPM applicants. A CPM or CPM applicant who is the subject of a written complaint (the “Respondent”) is required to participate in the disciplinary process. Failure or refusal by the Respondent to participate shall result in revocation of the CPM credential or rejection of the CPM application.

II. Initiating Complaints

- A. Complaints must be received within two (2) years of the conclusion of care or complaints originating from a State regulatory board or quality assurance (QA) program must be received within 90 days of completion of said regulatory or QA investigation
- B. Complaints must be initiated through the [NARM Complaint form](#) or by request to accountability@narm.org.
- C. Complaints may be initiated by:
 1. a midwifery client;
 2. a state licensing board or regulatory body;
 3. a state QA Program; or
 4. an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint;
 5. a CPM applicant in the Portfolio Evaluation Process (PEP)
- D. Complaints against a Respondent who is a CPM applicant
 1. if the CPM applicant is engaged in the Portfolio Evaluation Process (PEP), the complaint must include their preceptor as Respondent
 2. if the Complainant is also the Preceptor the Complainant must agree to participate fully in the case review process
 3. if the CPM applicant is enrolled in a MEAC accredited education program the complaint will be referred back to the educational body for internal review
- E. A complaint may be made against a midwife whose CPM certification has been revoked, expired, or retired. NARM cannot require a midwife who is not a CPM

to participate in the NARM Accountability Process, however participation is a requirement of recertification should midwife apply to recertify

III. Basis for Accountability Review

- A. NARM may address any complaint or concern that falls into the following categories:
1. fraud, or deceit in an application, reapplication, or other communication to NARM, including, but not limited to, providing a false or misleading statement and/or knowingly assisting another to obtain or attempt to obtain NARM's certification or recertification by fraud or deception.
 2. irregularity regarding the NARM exam, including, but not limited to, providing, or receiving unauthorized assistance before, during or after an exam, or providing false information to gain admittance to an exam, or impersonating another examinee.
 3. misrepresentation of certification or violation of NARM's personal and/or intellectual property rights, including, but not limited to, unauthorized access, possession of, use of, distribution of or access to NARM's: exams; certificates, name, trade name, certification mark, service mark, trade dress or trademark; or other personal and/or intellectual property.
 4. chronic or acute abuse of alcohol, prescription medications, street drugs, or other substances that produce intoxicating effects; New onset or ongoing instances of cognitive impairment caused by physical or mental conditions such as injury, illness or degenerative disorders that impair the Respondent's professional performance as a CPM.
 5. limitation or sanction by a federal, state, or private licensing board, administrative agency, association, or health care organization relating to public health or safety, or midwifery practice.
 6. conviction of, plea of guilty to, or plea of nolo contendere to a crime directly relating to midwifery practice and/or public health and safety.
 7. engaging in conduct not consistent with professional standards, including, but not limited to: any practice that creates unnecessary danger to the life, health or safety of a client-or their baby (fetus or neonate) or a neonate in the Respondent's care; or any practice that is contrary to the ethical conduct appropriate to the midwifery profession. Actual injury to a client or baby (fetus or neonate) need not be shown.
 8. unprofessional conduct that includes any actions or omissions that compromise client safety, quality of care or professional integrity. Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance,

- device or supplement in a manner inconsistent with widely accepted standards; falsification of health records.
9. breaches of confidentiality including but not limited to disclosure of client protected health information (PHI), sharing of identifying photos, videos or stories on social media or in another social manner without permission.
- B. NARM will not address complaints:
1. without sufficient information including the name of client, a description of the event, and identification of the applicable complaint category described in III(A).
 2. that does not indicate a violation of midwifery practice standards
 3. about financial disputes between the midwife and the client
- C. NARM reserves the right in its discretion to address a complaint or concern not set forth above. NARM reserves the right in its discretion to dismiss any complaint it deems unfounded.

IV. Priority Cases

- A. Receipt of a complaint(s) about a CPM that poses potential severe and immediate danger to birthing families may result in immediate actions by NARM Accountability Review Committee (ARC) in conjunction with the approval of the Executive Director, including termination or suspension of certification or referral to outside authorities.
- B. Receipt of a complaint about a CPM who has previously been found at fault and sanctioned for one or more of the categories in section III(A), where the new complaint represents an urgent situation that poses immediate danger to birthing families, NARM ARC in conjunction with the approval of the Executive director may take immediate actions
1. to ensure time to conduct a thorough and fair accountability review of the complaint while protecting birthing families and the integrity of the CPM credential, NARM may suspend a Respondent's CPM certification.
 2. The Respondent will be notified via certified mail and email and the suspension will be effective immediately upon receipt of notice.
 3. if the Respondent practices in a state in which a state licensing board or regulatory agency has jurisdiction, NARM will notify said entity of the complaint immediately upon issuing the suspension
 4. NARM Accountability Program, understanding the implications of temporary suspension, will give priority status to the complaint review process in order to achieve a timely resolution.
- C. Compliance with the suspension notice
1. respondent will notify all current clients in writing of suspension of the CPM credential within two (2) weeks
 2. respondent will remove "CPM" designation from all documents, advertising and social media until and if suspension is lifted

- D. Failure to comply with the suspension notice will result in revocation of the CPM credential.
 - 1. failure to sign certified mail receipt of notice of suspension will result in revocation of the CPM credential.
 - 2. failure to sign and return the Acknowledgment of Accountability Policies and Procedures will result in revocation of the CPM credential
 - 3. It is the responsibility of CPM or applicant to maintain a current mailing address with NARM.
 - 4. failure to participate in the accountability review will result in revocation of the CPM credential.

V. Accountability Review

- A. Following receipt of a complaint the NARM Case Coordinator or designated staff, shall notify the Respondent in writing of the complaint allegations and provide a written request for all records pertaining to the case. The Respondent must respond in writing and submit all records pertaining to the case via a secure portal or certified mail, within 14 business days of being notified. Upon receipt of records NARM will issue a written receipt via email and US Mail. Failure to respond to the notice in whole or in part may result in revocation of the CPM or cancellation of the CPM application.
- B. Identity of the complainant shall not be disclosed to the Respondent at any point in the accountability process, including at completion of Accountability Case Review or appeal.
- C. Identity of the Complainant **will** be disclosed to the Respondent if the complainant is also a Preceptor filing a complaint against a CPM Applicant (see Preceptor Student Accountability Policy)
- D. The Accountability Case Review will be conducted by the Accountability Review Committee (ARC) consisting of the Accountability Case Coordinator, the Accountability Administrator and three (3) volunteer Accountability Peer Reviewers.
- E. All proceedings, documents and testimonies of the Accountability Case Review are confidential and may not be disclosed to any individual or entity outside of NARM with the exception of disclosures initiated by subpoena.
- F. All Accountability Review Proceedings and case details are confidential. ARC members shall each be required to sign confidentiality agreements prior to engaging in the Accountability Case Review process.
- G. NARM may disclose findings and sanctions of suspension or revocation to State licensing boards, regulatory agencies or legal authorities as deemed necessary to protect birthing families and preserve the integrity of the CPM credential.
- H. The Respondent has the right to secure legal counsel at any point in the Accountability Review process.

VI. Possible Outcomes of Accountability Review

- A. The ARC may render any one or a combination of the following decisions deemed appropriate under the circumstances:
 - 1. exoneration of the Respondent.
 - 2. imposition of corrective actions to be performed by the Respondent.
 - 3. revocation of the CPM certification, Preceptor Registration, or rejection of the CPM application.
 - 4. suspension of the CPM certification
 - 5. notification of sanctions of suspension or revocation sent to state licensing and/or regulatory entities
 - 6. other sanctions that may be determined by the ARC to be appropriate.

VII. Notification

- A. The following notifications of the ARC’s decision shall be made:
 - 1. to the Respondent
 - 2. to the Complainant
 - 3. in the case of revocation or suspension:
 - a) a public notice of revocation shall be posted and shall remain posted online at www.narm.org.
 - b) a public notice of suspension shall be posted and shall remain posted until the end of the suspension period and completion of any associated stipulations online at www.narm.org.
 - c) states that require the CPM certification at any point in the licensure process shall be notified

VIII. Appeals

- A. Respondent may submit an appeal of an ARC determination of findings to the Accountability Program
 - 1. requests for appeal must be initiated by contacting NARM at accountability@narm.org.
 - 2. requests for appeal must be received by the NARM Accountability Program within thirty (30) days of receipt of NARM ARC notification of final findings and sanctions.
- B. Requests for appeal will be considered by the Case Coordinator and Accountability Administrator with the approval of the Executive Director
- C. An appeal may be granted if:
 - 1. the Respondent provides additional material facts and/or circumstances that were not available during the ARC’s deliberations
 - 2. if the ARC made a material error in its deliberations or decision.
- D. Failure of the Respondent to present material facts and/or circumstances in the Accountability Review Process that were knowingly available to the Respondent at the time shall not serve as the basis of an appeal.
- E. NARM Case Coordinator or designated staff will notify Respondent of decision to grant or deny request for appeal
 - 1. notification will be provided within thirty (30) days of request for appeal

- 2. notification will be issued via certified mail
- F. Appeal reviews will be conducted by the Executive Director and ARC
 - 1. the ARC will be comprised of the Case Coordinator, Accountability Administrator, and three (3) newly identified case reviewers
 - 2. the Accountability Case Reviewers will be appointed by the Accountability Case Coordinator and confirmed to have no prior knowledge of the case and no prior relationship to the Respondent, Complainant or Client
- G. All findings made by the Appeal committee are to be considered final.
- H. The NARM Appeal Procedure may be requested by contacting NARM at accountability@narm.org.

IX. Preceptor/Student Accountability

- A. Complaints received involving the PEP Preceptor/Student relationship will be addressed by the NARM Accountability Program
 - 1. complaints lodged about Preceptor/Student relationships while participating in a MEAC accredited program will be referred to the educational program
 - 2. complaints meeting the criteria in IIIA(4-9) above will be subject to review by the ARC
 - 3. complaints that meet the criteria in IIIA (1-3) will be escalated to a NARM Applications Review Panel
- B. Complaints involving the PEP Preceptor/Student relationship must be initiated through the [NARM Complaint form](#) or by emailing accountability@narm.org.
- C. The complete Preceptor/Student Accountability Policy can be requested by contacting accountability@NARM.org.

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Glossary of Terms Used in Policy

Accountability Administrator: Accountability Program (AP) staff. Responsible for handling documents and documentation, communications, and other programmatic work. Works collaboratively with Case Coordinator to facilitate implementation of Accountability Case Review Process. A member of the Accountability Review Committee (ARC). Holds decision making ability in conjunction with the Accountability Case Coordinator, ARC and the Executive Director.

Accountability Case Coordinator: Accountability Program (AP) staff. A member of the Accountability Review Committee (ARC). Responsible for implementation of the Accountability Case Review Process, training staff and volunteers in Case Review Process, alignment of policy across programs at NARM. Directs the assignment of volunteer Case Reviewers

Accountability Program: Two staff members. An Accountability Case Coordinator and Accountability Administrator. The program receives complaints against a CPM or CPM applicant (Respondent), implements the Accountability Case Review Policy and Process, coordinates with the Executive Director to align policy across NARM programs. Participates in data collection pertaining to complaints and case reviews for the purpose of quality improvement.

Accountability Review Committee (ARC): Accountability Case Coordinator, and Accountability Administrator, and three (3) volunteer Case Reviewers. Responsible for reviewing charts and other documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM (Respondent), conducting interviews with the Respondent and other individuals with direct knowledge of the case, and making determinations regarding violations of midwifery standards and issuing sanctions when indicated.

Accountability Reviewer Pool (ARP): A pool of volunteer CPMs trained as case reviewers whose role is to participate on the Accountability Review Committee in response to complaints filed against a midwife holding the CPM credential (the Respondent).

Appeal: A formal request to reverse a previous decision regarding a specific case made by a Respondent to the Accountability Program. Requires Respondent to provide additional material facts that were not available at time of initial case review, or evidence that NARM ARC did not follow AP policy and procedure during the course of initial review.

Case Review: The process engaging the Accountability Review Committee (ARC) in the review of a complaint filed against a CPM (Respondent), all records pertaining to the event in question, and interview of the Respondent for the purpose of determining if violations of midwifery standards occurred.

Confidentiality: When applied to the Accountability Case Review, implies that all information, including but not limited to, details of the complaint, identity of the complainant, client or others directly involved in the case, or factual information found in records that is disclosed in the Case Review process will not be shared by anyone who participates in the Case Review. Any discussions surrounding the complaint and Case Review will be conducted only during formal and secure Accountability Review Committee (ARC) meetings. In the event of a revocation, a public notice of revocation will be posted on the NARM Accountability Program website. Details of the case will not be disclosed. In the event a subpoena is issued to NARM for documents pertaining to a Case Review, these documents are not protected under NARM Accountability Program confidentiality agreements

Complainant: An individual who files a formal complaint with NARM Accountability Program (AP) regarding the conduct of a CPM. As per Accountability Policy a complainant may be a client, state licensing board or regulatory body, a state QA program or an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint

Complaint: A formal complaint filed against a CPM alleging misconduct as outlined in the AP Policy. Complaints must be formally filed with the Accountability Program using the standard complaint form available on the NARM website or by request in paper format.

Entity: A facility or organization including a hospital, medical office, emergency response facility, or insurer.

Individual or entity with direct knowledge: providers who directly witness the conduct in question or who had direct contact with the client in a manner that raised concern for the conduct of a CPM; or an individual in attendance when the conduct occurred such as a friend, interpreter or other.

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

Secure portal: NARM will maintain an encrypted portal for the submission of documents pertaining to complaints and the case review process. Access will be granted to Accountability Review Committee (ARC) members and Accountability Program staff when participating in a case review.

Respondent: A CPM who has had a complaint filed against them and is now in the process of investigation by NARM Accountability Program (AP).

Suspension: temporary suspension of the CPM credential for a determined period of time, and whose reinstatement is contingent upon completion of prescribed remediation efforts.

Unprofessional Conduct: Actions or omissions that compromise client safety, quality of care or professional integrity. Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, supplement in a manner inconsistent with widely accepted standards; falsification of vaccination or other health records.

Kansas Nurses Assistance Program Statistical Summary

Reporting Period: 10/1/2025 - 12/31/2025

Active Cases

Participants Entered Into Program:	<u>11</u>	Total Number in Program:	<u>86</u>
Referral Source:		Type of License:	
Board:	6	ARNP	<u>3</u>
Employer:	<u>0</u>	CRNA	<u>4</u>
		LPN	<u>16</u>
Co-Worker:	<u>1</u>	RN	<u>63</u>
Self:	<u>4</u>		
Family-Friend:	<u>0</u>	Board:	
Other:	<u>0</u>	Known:	<u>74</u>
		Un-Known:	<u>12</u>
Reasons for Referral:		Gender:	
Alcohol:	6	Male:	<u>15</u>
Drugs:	4	Female:	<u>71</u>
Alcohol & Drugs	<u>1</u>		
Mental Health:	<u>2</u>	Age:	
Diversion	<u>1</u>	20's:	<u>9</u>
		30's:	<u>26</u>
Released from Program:		40's:	<u>32</u>
Successful:	<u>8</u>	50's:	<u>16</u>
Non-Compliant:	<u>6</u>	60's:	<u>3</u>
Voluntary Withdrawal:	<u>0</u>		
Death:	<u>0</u>	Nursing Employment Status:	
No Diagnosis:	<u>0</u>	Employed:	<u>74</u>
		Unemployed:	<u>5</u>
State of Residency:		Outside Profession:	<u>7</u>
MO	<u>4</u>		
KS	<u>82</u>	Nursing Employment Settings:	
		Hospital:	<u>25</u>
Contract Length:		Nursing Home/Long Term Care:	<u>20</u>
5 Year's	<u>1</u>	Medical Office/Clinic:	<u>25</u>
3 Year's	<u>63</u>	School:	<u>1</u>
1 Year	<u>22</u>	Administrative:	<u>3</u>
		Other:	



ACUMEN ASSESSMENTS

4321 W. 6th Street, Ste. B
Lawrence, KS 66049
phone 785-856-8218
fax 785-841-8781
AcumenAssessments.com

The doctors at Acumen Assessments collectively have over 60 years of clinical and forensic experience evaluating medical professionals. We provide reliable, objective, valid, and meaningful evaluations and consultation services to physicians/licensed professionals, Physician Health Programs, and Medical Boards/Colleges throughout the United States and Canada.

The difficulties that lead to an assessment vary widely:

- Sexual misconduct, harassment, and boundary violations
- Substance use disorders
- Personality factors that complicate the monitoring process
- Personality disorders and professional ethics
- Distress and disruption in the workplace
- Psychiatric disorders
- Difficulties with professional role functioning
- Complex and difficult to understand cases
- Challenges associated with aging and possible neurocognitive decline

Our comprehensive multidisciplinary fitness for duty evaluation process is 3.5 days long from Mondays through Thursday mornings. We have a wide menu of additional specialty assessment options, including focal substance use evaluations and specialty evaluations for medical students and residents at a discounted rate depending on the nature of the assessment.

Elements of Assessment:

- The assignment of a primary evaluator to oversee the entire assessment
- Three hours or more of face-to-face psychological and cognitive testing
- Four standardized computer administered personality tests and a continuous performance test
- Four case conference team meetings (staff only) along with ongoing team discussion
- Identifying information, reason for referral, and relevant history
- Collateral contacts and document review
- Psychiatric history
- Comprehensive substance use history and relevant drug screens
- Medical history and Current medications
- Developmental, social, family, professional, and legal history
- Mental status
- Violence and/or Sexual risk and threat assessment (if indicated)
- Polygraph examination (if indicated)
- Results of psychological/cognitive testing
- Comprehensive summary of assessment and explanatory hypothesis
- DSM-V Diagnosis
- Fitness for duty determination
- Treatment and monitoring recommendations

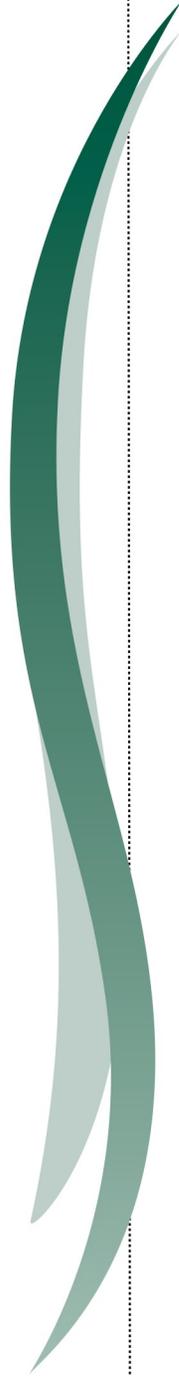
Acumen Assessments Clinical Staff

Scott Stacy, PsyD, Managing Partner, Acumen Assessments

Dr. Stacy has 25 years of experience completely dedicated to working with medical and other licensed professionals. He has 29 years of experience evaluating and treating comorbid psychiatric and substance use disorders within inpatient, residential, day treatment, and outpatient levels of care.

Peter Graham, PhD, Co-Director Partner, Acumen Assessments

Dr. Graham has 30 years of experience working with medical and other licensed professionals. He has been evaluating and treating addiction, mental illness, and personality disorders for 33 years; 10 at the inpatient level, and 2 as program director at the inpatient and partial hospital level prior to turning to full-time intensive outpatient work with professionals 20 years ago.



John Whipple, MD, Consulting Board Certified Psychiatrist, Acumen Assessments

Dr. Whipple has 30 years of experience working with medical and other licensed professionals. Dr. Whipple has been involved in the evaluation and treatment of psychiatric, personality, and substance use disorders at inpatient, residential, and day treatment levels of care for 34 years. He is also certified by the FAA to provide substance use evaluations for pilots in the HIMS program.

Monica Soderberg, LCSW, DSW, LCMFT, Consultant

Ms. Soderberg has been working with medical professionals for 14 years and has 40 years working with professionals from all walks of life. Ms. Soderberg has 39 years of experience in working with comorbid substance use and psychiatric disorders on an outpatient basis and is an expert on trauma.

Michael Seely, PsyD, Senior Staff Psychologist, Acumen Assessments

Dr. Seely has been working exclusively with medical and other licensed professionals for 7 years. He has over 6 additional years of experience evaluating and treating substance use disorders as well as comorbid mental health issues in outpatient settings. He is certified by the FAA to provide substance use evaluations for pilots in the HIMS program.

Josh Hypse, PsyD, Staff Psychologist, Acumen Assessments

Dr. Hypse is a staff psychologist and primary evaluator with over 3 years of experience working full time with the professional population. He also has nine years of experience evaluating and treating psychiatric conditions and conducting substance use evaluations and treatment in community health and professional settings.

Alex Latham, PsyD, Staff Psychologist, Acumen Assessments

Dr. Latham is the newest addition to our Acumen Assessments professional staff with experience working in the VA setting and professionals' evaluation and treatment settings. He also has over 5 years of experience providing neuropsychological and psychodiagnostic assessments in clinical and forensic settings.

Psychiatric Assessment

The role of the psychiatric consultant at Acumen Assessments is to provide a timely review of the physician/professional client's psychiatric, medical and personal care to determine if there are any indications of impairment to practice. This consultation includes a close review of pertinent signs and symptoms of emotional distress that may be relevant to the referring or incident event. This consultation compliments histories obtained by other team members. The psychiatrist gives close attention to any current and past psychiatric care. The consultant also serves as the initial, triage physician of record to review any persistent or acute medical problems. The psychiatrist is onsite in case of medical emergencies and meets with the Acumen Assessments team members on a daily basis for ongoing discussion.

Out of this consultation, the psychiatrist contributes to the multidisciplinary diagnostic conceptualization of the client's current mental status, as well as the client's current medication regimen. Preliminary suggestions for treatment interventions and/or further medical evaluation are also offered for the team's consideration.

Acumen Assessments Psychological Testing Methods

The evaluation team at Acumen Assessments utilizes scientifically-based and empirically validated psychological/neuropsychological tests as one component of the overall evaluation process.

Psychological testing methods are used to examine cognitive and neurocognitive status, psychological disposition, and personality configuration. The specific psychological tests administered are determined based on the referral question and/or the nature of an individual's circumstances. The instruments available to the assessment team provide the ability to answer most questions of professional impairment and psychological fitness, and include standardized tests of intellectual ability, executive function, social/emotional perception and regulation, and other specific domains of neuropsychological function.

The psychologists at Acumen Assessments are specially trained in these psychological assessment methodologies, and possess expertise in utilizing testing in both clinical and forensic contexts with a population of highly intelligent professionals with sophisticated/complex psychological defense configurations. The comprehensive nature of the testing process helps enable the team to provide differential diagnoses in complex, unusual, and multifaceted cases. The evaluation team integrates test data and interpretations in a sophisticated manner into multidisciplinary summary in a highly personalized, straightforward manner.

Fee arrangements, payment, and policy

Financing an assessment for a client when making a fitness to practice determination is unethical given that it introduces a conflict of interest and dual role relationship whose motivations are, by definition, at odds with one another; that is, we cannot be objective evaluators of fitness and be creditors at the same time. Assessment clients are required to pay the fee in full prior to the commencement of the evaluation process. All major credit cards and certified checks are accepted.

Licensee:		License #	
Complaint #		Allegation:	
SWORN		SOC Rating	

CRITERIA		Human Error	At Risk Behavior	Reckless Behavior	Score
		<i>Inadvertently doing other than what should have been done; a slip, lapse, mistake</i>	<i>Behavior that increases risk where risk is not recognized or is mistakenly believed to be justified.</i>	<i>Behavioral choice to consciously disregard a substantial and unjustifiable risk.</i>	
		1	2	3	
G	General Nursing Practice	No prior history within last 24 months or prior history for non-related practice issue within last 24 months, known to KSBN.	Prior history for related practice issue within last 12 months, known to KSBN.	Prior discipline history for practice issue within past 24 months, known to KSBN;	
U	Understanding / level of experience	Has knowledge, skills, and ability. Incident was accidental, inadvertent or oversight.	Limited understanding of correct procedure. Novice nurse < 6 months or newly hired at facility or in new role. Did not seek help or utilize resources. Previous counseling/ education/ remediation provided.	A ware of correct action / rationale but failed to apply. Did not obtain sufficient information or utilize resources. Licensee demonstrated no regard for client safety and harm most certainly would occur.	
I	Intent	Unintentional breach or no policy / standard / law / order exists.	Policy / standard / law / order clear but nurse failed to identify potential risk for client. No evidence of pattern.	Intentionally disregarded policy / standard / law / order for own personal gain or with understanding of negative consequences for patient safety. May indicate a pattern .	
D	Duty to Act (causation)	Accidental / mistake/ inadvertent error, perception issue.	Emergent situation - quick response required to avoid client risk. OR Emergent or non-emergent situation - chose to act/ not to act without weighing options or utilizing resources. Used poor judgment.	Clearly a prudent nurse would not have taken same action. Unacceptable risk to patient / facility / public. Substantial and unjustifiable risk.	
E	Ethics / credibility / accountability	Identified own error, self reported Honest and remorseful.	Admitted to error but attributed circumstances to justify action/ inaction. Blamed others, made excuses for action / behavior.	Denied responsibility despite evidence. Indifferent to situation. Uncooperative, insubordinate and/or dishonest during facility investigation. Walked off shift, refusing to cooperate in facility investigation. Took active steps to conceal error or failed to disclose known error. Provided misleading information during investigation or destroyed evidence. May have inappropriately confronted others regarding investigation.	

Mitigating Factors -check all identified		Aggravating Factors - check all identified	
Unsworn Complaint		Took advantage of leadership position	
MSL other jurisdiction, NURSYS negative		Walked off shift when confronted.	
MSL other jurisdiction, NURSYS discipline, restored		Failed to submit to for-cause random drug screen.	
No licensee, no jurisdiction		Pharmacy Audit indicative of increase system action.	
No violation of KNPA		Especially heinous, cruel, and / or violent act (refer to other agencies)	
Client factors (combative / aqitated, coqnitivelv impaired, threateningq)		Substance found on / in licensee possession without reasonable explanation. (theft) (refer to LE)	
Suspended/Terminated without opportunity to rehabilitate.		Threatening / bullying behaviors (refer to other agencies)	
		Vulnerable patient population: geriatric, pediatric, mentally/ physically challenged, sedated (refer to DCF, APS)	
		KDADS survey indicates substantiated allegations.	
Other (identify):		Other (identify):	
Total #mitigating factors		Total #aggravating factors	

Case not Opened	Case May Be Opened	Case Opened
<ul style="list-style-type: none"> o Criteria score of 6 or less o No licensee, no jurisdiction o Allegation is not violation of KNPA 	<ul style="list-style-type: none"> o 3 or more criteria in yellow O o Criteria score 7 - 11 	<ul style="list-style-type: none"> o 2 or more criteria in red o Criteria score 12 or more o Incident involves fraud, theft, drug abuse, diversion, sexual misconduct, mental / physical impairment, abuse, neglect, exploitation o Consider Referral to other agency (LE, KDADS, KDHE, OAG, OIG, APS, DCF, DOC, etc)

CET Score: _____

Recommendation:

CET Completed by: Linda Davies

LEGEND:

*24 months = aligns with renewal cycle; case investigations completed within 22 months