



State of Tennessee  
Health Facilities Commission  
Andrew Jackson State Building  
502 Deaderick Street, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-7221

February 23, 2026

Sent Via Email

Christy Peterson ([clarksvillebirthcenter@gmail.com](mailto:clarksvillebirthcenter@gmail.com))  
Clarksville Birth Center, LLC  
225 Dunbar Cove Suite B  
Clarksville, Tennessee 37043

Facility Type: BIRTHING CENTER

Dear Christy Peterson:

It is my pleasure to inform you that your application for licensure of Clarksville Birth Center, LLC located at 225 Dunbar Cove Suite B, Clarksville, Tennessee 37043 has been initially approved effective February 20, 2026. The license number shall be 12. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for March 25, 2026. **You are hereby authorized to commence operation pending the final decision of the Commission.**

**For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The West Regional Office phone number is 731-984-9684.**

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days, notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

*Amy Whitaker*

Amy Whitaker, ASA 2  
Health Facilities Commission  
Phone: (615) 741-7188  
Fax: (615) 253-8798  
Email: [Amy.Whitaker@tn.gov](mailto:Amy.Whitaker@tn.gov)

cc: West Tennessee Regional Office



**APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY**

Facility Type: Birthing Center License # (if applicable): \_\_\_\_\_ County: Montgomery

Initial X Renovation \_\_\_\_\_ Satellite/Off Campus Location \_\_\_\_\_

Physical Plant/Services/New Addition \_\_\_\_\_ Relocation/Replacement Facility \_\_\_\_\_  
(Circle One) (Circle One)

Facility Name: Clarksville Birthing Center LLC

Address: 225 Dunbar Cove Ste B City: Clarksville Zip Code: 37043

Application and fee on file in Central Office (CO)?: Yes \_\_\_ No \_\_\_ CON #: N/A

Project #: 2024-08-06-02 Phase: 1 of 1

Facility approved for (if satellite/off campus site include address): New birthing center consisting of two exam rooms, two birthing rooms with tubs, reception/waiting area, supply room, training room, laundry room, and two bathrooms.

Sprinklered: YES (Full 100%) Partial: \_\_\_\_\_ (%)

Licensed bed count from: \_\_\_\_\_ to \_\_\_\_\_ Number of beds increased/decreased: N/A

If secured unit, number of beds in unit: N/A If Alzheimer's unit, number of beds in unit: N/A  
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: Candice Rickman, MSW Date: 2/17/26

Fire Safety: Brandon Maness Date: 1/22/26

CD Approved: Yes X No \_\_\_ N/A \_\_\_ Health Survey Required: Yes X No \_\_\_; if Yes, please indicate which region: WEST

Facility's Letter of Notification received in Licensure: Yes \_\_\_ No ✓  
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes \_\_\_ No \_\_\_ N/A  
(NOTE: With exception of Initial Licensure Approvals)

Effective date: 02/20/2026 Licensure is recommended: Yes ✓ No \_\_\_  
(Completed by Central Office Licensure Staff)

KZ/Rhonda G. Rogers RN 2/20/2026

Regional Administrator/Facilities Construction Director or Designee Date

Amy Whitaker 02/23/2026

Licensure Program Unit Staff Date



RECEIVED MAY 17 2024

## BIRTHING CENTERS APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Name of the Facility/Agency Clarksville Birth Center LLC

### Location of the Facility:

Street 225 Dunbar Cave Rd Ste B City Clarksville

County Montgomery State TN Zip 37043

Phone Number (931) 820-2646 Fax Number (931) 241-5431

Twenty-four (24) Hour Emergency Phone Number (931) 548-0911

E-Mail Address clarksvillebirthcenter@gmail.com

### Administrator Information:

Administrator Christy Peterson

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes  No

If yes, what charge(s)? \_\_\_\_\_

Location of Conviction \_\_\_\_\_ Date \_\_\_\_\_  
(City) (County) (State)

### Mailing address if different from the Facility location address:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Ownership of Building:

Name Cherokee Equity Corporation Phone Number (615) 833-8716

Street c/o Southeast Venture LLC  
4030 Armory Oaks Drive

City Nashville State TN Zip 37204

**FEE SCHEDULE: (FEES ARE NON-REFUNDABLE) \$1,404**

1. Provide proof of the ability to meet the financial needs of the facility.

**OWNERSHIP OF BUSINESS:**

1. a. Check the type of Legal Entity:

\_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation  Limited Liability Company  
\_\_\_\_ Church Related \_\_\_\_ Government/County \_\_\_\_ Other

b. Check One:  For Profit \_\_\_\_ Non-profit

c. Legal Entity Checked in 1.a:

Name Clarksville Birth Center LLC Phone (931) 820-2646

Address 225 Dunbar Cave Rd Ste B, Clarksville, TN 37043

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

Name Christy Peterson Address 3905 Tyler Brown Dr, Clarksville, TN 37040 City, State, Zip

Name Jenny Fardink Address 3841 Parade Dr, Clarksville TN 37040 City, State, Zip

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

*(If additional space is needed, please use a separate sheet)*

e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes \_\_\_\_ No \_\_\_\_ N/A

f. If no to e., who has said authority? \_\_\_\_\_

2. a. Is your facility/organization accredited by a **federally approved** accrediting body but not limited to JCAHO, CARF, etc.? **Provide proof of accreditation.**

Yes \_\_\_\_ No  Expiration Date \_\_\_\_\_

we plan to pursue accreditation in the future through CABC

3. Is this facility chain affiliated? Yes \_\_\_\_ No

4. If you have a parent company, please provide the following information: N/A

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

5. a. If a corporation, is there a holding company? Yes \_\_\_\_ No \_\_\_\_ N/A

b. If yes, list the name, address and phone number of the holding company:

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes \_\_\_\_ No

b. If yes, list names and addresses of all such facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a. Do you have a contract with a management firm to operate this facility? Yes \_\_\_\_\_ No X

If yes, specify dates: From \_\_\_\_\_ To \_\_\_\_\_

b. If yes, specify name of firm: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

4. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? Yes \_\_\_\_\_ No X

b. If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

c. For what reason? \_\_\_\_\_

**VERIFICATION BY NOTARY PUBLIC:**

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

CP Peterson Applicant Signature      co-owner Title or Position      5/16/24 Date

**STATE OF TENNESSEE**

County of Montgomery

The above named applicant (print name) Christine Peterson, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to before this 16 day of May 2024  
Month Year



Notary Public: [Signature]

My commission expires: June 15<sup>th</sup>, 2027

# CLARKSVILLE MIDWIFERY



May 9, 2025

Amy Whitaker  
665 Mainstream Dr, 2<sup>nd</sup> Floor  
Nashville, TN 37243

Dear Amy,

We are writing to request an extension on our Birth Center application. Our initial license application for Clarksville Birth Center LLC was submitted on May 17, 2024. More recently (March 6, 2025) we received our approval to start construction from the Plan Review Section. Our construction has officially begun, however, we still have several months of construction to complete. Following that I know that the state inspection process will still need to happen before the final approval of the birth center.

With all of the above in mind, we are officially submitting this request for an additional 12 months for completion of the birth center process. Thank you for your consideration.

Sincerely,

Christy Peterson CNM  
Jenny Fardink CPM-TN  
Clarksville Midwifery, LLC  
225 Dunbar Cave Rd. Ste B  
Clarksville, TN 37043  
Phone: 931-820-2646