



**State of Tennessee**  
**Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243  
www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

**REPORT OF HOME HEALTH ACCREDITATION  
FOR CERTIFICATE OF NEED EXEMPTION  
PEDIATRIC**

Instructions: This form must be filed with the Health Facilities Commission by any person who established a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r) within two (2) years of licensure. This form may be mailed to the Commission office or emailed to hsda.staff@tn.gov.

1. **REPORTING DATE:** \_\_\_\_\_

2. **DATE OF LICENSURE:** \_\_\_\_\_  
(Attached Copy of License)

3. **COUNTY/COUNTIES:** \_\_\_\_\_

4. **NAME AND ADDRESS OF PROVIDER**

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

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

5. **CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION**

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

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Fax Number)

6. **DESCRIPTION OF CON PEDIATRIC EXEMPTED ACTIVITY:**

\_\_\_\_\_

(The text field will adjust as you type.)

7. **ACCREDITATION**

**Please Check**

- An accrediting organization with deeming authority from the federal center for medicare and medicaid services
- The Joint Commission
- Community Health Accreditation Program, Inc.
- Accreditation Commission for Health Care

**Accreditation Date:** \_\_\_\_\_ **Accreditation Expiration Date:** \_\_\_\_\_

Please attach proof of accreditation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name