



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

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243  
**www.tn.gov/hfc** Phone: 615-741-2364 Fax: 615-741-9884

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**INITIAL NOTIFICATION OF ESTABLISHMENT OF A FREESTANDING EMERGENCY  
DEPARTMENT**

**Instructions:** This form must be filed with the Health Facilities Commission by any person who intends to establish a freestanding emergency department under Public Chapter 985 effective July 1, 2025. This form must be emailed to [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov).

**Date of Notification:** \_\_\_\_\_

**1. Host Hospital (Main Campus)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or Route County

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

\_\_\_\_\_  
License Number

**2. Contact Person or Authorized Agent**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Company Name Email Address

\_\_\_\_\_  
Street or Route City State Zip Code

\_\_\_\_\_  
Association with Owner Phone Number

**3. Hospital or FSED Details**

**A. Facility Type**

☐ Hospital

☐ FSED

**B. Address of new proposed freestanding emergency department**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or Route

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

**4. Brief Project Description**

**5. Applicant is Seeking a CON Exemption Under The Following:**

**A. Establishment of a**

☐ Hospital

☐ Satellite Emergency Department Facility

*(Attach Google Documentation)*

**B. Distance to host hospital**

Miles \_\_\_\_\_

**C. Is the proposed hospital or FSED 10 miles or more from another actively licensed acute care hospital or satellite department facility?**

☐ Yes

☐ No

6. **Please list the distances of acute care hospital or satellite emergency departments in the proposed FSED county and adjoining counties.**

<hr/>			
Name #1			
<hr/>			
Street or Route	City	State	Zip Code
<hr/>			
County	Distance from Proposed Site (Attach Google Documentation)		
<hr/>			
Name #2			
<hr/>			
Street or Route	City	State	Zip Code
<hr/>			
County	Distance from Proposed Site (Attach Google Documentation)		
<hr/>			
Name #3			
<hr/>			
Street or Route	City	State	Zip Code
<hr/>			
County	Distance from Proposed Site (Attach Google Documentation)		

*Include additional pages if necessary.*

7. Briefly describe the following and attach the requested documentation on an 8 ½" x 11" sheet of white paper, legibly labeling all information.

- 1) Plot Plan **include:**
  - a) Size of site (*in acres*);
  - b) Location of structure on the site;
  - c) Location of the proposed construction/renovation; and
  - d) Names of streets, roads or highway that cross or border the site

## 8. Outstanding Projects

Complete the following chart by entering information for each outstanding FSED CON in the county and contiguous counties of the proposed FSED site.

<u>CON Number</u>	<u>Project Name</u>	<u>Date Approved</u>	<u>Distance from proposed Site</u>

## 9. Development Schedule

Complete the following FSED Completion Forecast Chart.

<u>Phase</u>	<u>Estimated Date [Month/Year]</u>
1. Initial HFC Notification per PC985	
2. Submission of Construction Documents to HFC Plans Review	
3. Site Preparation Completed	
4. FSED Building Construction Commenced	
5. Construction 100% Complete (Approved for Occupancy)	
6. Issuance of License	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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