

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

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.

Date of Notification:

1. Host Hospital (Main Campus)

Name				
Street or Route		County		
City	State	Zip Code		
License Number				
2. <u>Contact Person or Author</u>	ized Agent			
Name		Title		
Company Name		Email Addres	SS	
Street or Route	City	State	Zip Code	
Association with Owner		Phone Numb	Der	

3. Hospital or FSED Details

A. Facility Type

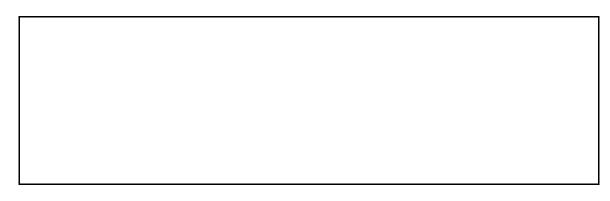
Hospital

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)

В.	Distance to host hospital	
	Miles	

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

□ Yes

🗆 No

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

Name #1			
Street or Route	City	State	Zip Code
County		Distance from Pr (Attach Google D	
Name #2			
Street or Route	City	State	Zip Code
County		Distance from Proposed Site (Attach Google Documentation)	
Name #3			
Street or Route	City	State	Zip Code
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 $8 \frac{1}{2}$ 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. <u>Outstanding Projects</u>

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

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

9. <u>Development Schedule</u>

Complete the following FSED Completion Forecast Chart.

Phase	Estimated Date [Month/Year]
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