|  |  |
| --- | --- |
|  | **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 |

**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.** | **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.**  |
|  |
|  |
| Name #1 |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Street or Route | City | State | Zip Code |
|  |  |  |
|  |  |  |
| County |  |  | Distance from Proposed Site(Attach Google Documentation) |
|  |
|  |
| 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 ½” x 11” sheet of white paper, legibly labeling all information. |
|  |  |  |
|  | * + - * 1. Plot Plan **include**:
1. Size of site (***in acres***);
2. Location of structure on the site;
3. Location of the proposed construction/renovation; and
4. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **CON Number** | **Project Name** | **Date****Approved** | **Distance from proposed Site** |
|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **9.** | **Development Schedule** |  |

Complete the following FSED Completion Forecast Chart.

|  |  |
| --- | --- |
| **Phase** | **Estimated Date [Month/Year]** |
| 1. Initial HFC Notification per PC985
 |  |
| 1. Submission of Construction Documents to HFC Plans Review
 |  |
| 1. Site Preparation Completed
 |  |
| 1. FSED Building Construction Commenced
 |  |
| 1. Construction 100% Complete (Approved for Occupancy)
 |  |
| 1. Issuance of License
 |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Date** |

|  |  |
| --- | --- |
|  |  |
| **Printed Name** |  |