|  |  |
| --- | --- |
|  | **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.*

|  |  |  |  |  |  |  |
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|  | |  |  |  |  | |
| **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 | | | |  |
|  | |  |  |  |  | |

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

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