



State of Tennessee  
Health Facilities Commission

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

INITIAL APPLICATION FOR LICENSE OF SERVICES  
FOR HOSPITAL OR OUTPATIENT DIAGNOSTIC CENTER

1. NAME AND PHYSICAL ADDRESS OF FACILITY OF SERVICE

Provider Type (Check One):  Hospital  Outpatient Diagnostic Center (ODC)

Ascension Saint Thomas Hickman

Name

135 E Swan St

Address

Centerville

City

TN

State

37033

ZIP

# 56

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Kevin Bruce

Name

Administrator - Hospital

Title

kbruce@ascension.org

Email Address

Ascension Saint Thomas

Company Name

135 E Swan St

Address

Centerville

City

TN

State

37033

ZIP

(931) 729-4271

Phone Number

3. BILLING INFORMATION FOR FACILITY

Monica Davis Asst-Administrative  
Name Title

monica.davis@ascension.org  
Email Address

Ascension Saint Thomas Hickman  
Company Name

135 E Swan St  
Address

Centerville TN 37033  
City State ZIP

(931)729-4271  
Phone Number

On the following items, check all appropriate services to be licensed.

Have any of the following services been changed since the last occupancy approval or have had a Plans Review related to that service since the last approval?  Yes  No

If yes, what were the changes and date of changes?:

ESTABLISHMENT OF A BURN UNIT:

Physical Address of Service: \_\_\_\_\_

Number of Beds \_\_\_\_\_

What Age Group Will Be Served/Licensed?:  Pediatric  Adult  Both

Will the Burn Unit be Verified by ABA?:  Yes  No (Please attach documentation of verification.)

If no, why:

**ESTABLISHING MRI UNIT/SERVICE:** (If more than one unit, use ATTACHMENT - A.)

Physical Address of Service: 135 E Swan St Centerville TN 37033

Name Brand of Unit G.E. (Mobile MRI)

Tesla 1.5T

Type (i.e. Close, Short Bore, etc.) 23x HDX

Unit's Serial Number R518

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? The Joint Commission  
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission.  Yes  No

**ESTABLISHING PET UNIT/SERVICE:** (If more than one unit, use ATTACHMENT - A.)

Physical Address of Service: \_\_\_\_\_

Name Brand of Unit \_\_\_\_\_

Type (i.e. PET Only, PET/CT, PET/MRI) \_\_\_\_\_

Unit's Serial Number \_\_\_\_\_

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? \_\_\_\_\_  
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission.  Yes  No

**ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: \_\_\_\_\_

Choose Designation Type:  First Time Self Designation/Initial NICU License

Designation at Different Level

What is the Current License  
Level of Care? \_\_\_\_\_

What is the Requested Level? \_\_\_\_\_

Ownership/Physical Location Change

Number of Beds by Each Level

Level II	_____
Level III	_____
Level III with Surgery	_____
Level IV	_____

Have you been evaluated by AAP?:  Yes  No  
If yes, please provide documentation.

Designate Expiration Date: \_\_\_\_\_

Neonatal Program Manager

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number


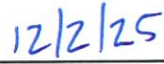
Neonatal Medical Director

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Pursuant to Tennessee Rule of Civil Procedure 72, I hereby declare under perjury that the information provided in this application is true and correct. Signee for this application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or services for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated §68-11-201 and Rules 0720-.14, 0720-36, and 0720-47 adopted by the Commission effective December 1, 2025. Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA §71-6-103 to report incidents of abuse or neglect.

	
Signature	Date
<hr/>	
KEVIN BRUCE	ADMINISTRATOR
Printed Name	

## Non-Refundable Licensing Fees for Listed Licensed Services

An invoice will be sent to the contact for Billing for total payment of fees.

### **Burn Unit**

Hospital: \$1040

### **Neonatal Intensive Care Unit (NICU)**

Hospital: \$1040

### **MRI:**

Hospital: \$500 per MRI unit  
Outpatient Diagnostic Center: Included with ODC License  
Physician Office: \$500 per MRI unit

### **PET:**

Hospital: \$500 per MRI unit  
Outpatient Diagnostic Center: Included with ODC License  
Physician Office: \$500 per MRI unit

*(as of December 1, 2025)*

# Alliance HealthCare Radiology

Plantation, FL

has been Accredited by

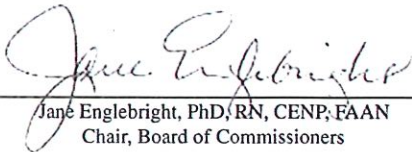


## The Joint Commission

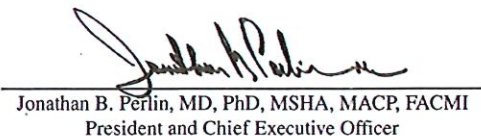
Which has surveyed this organization and found it to meet the requirements for the  
**Ambulatory Health Care Accreditation Program**

February 11, 2023

Accreditation is customarily valid for up to 36 months.

  
Jane Englebright, PhD, RN, CENP, FAAN  
Chair, Board of Commissioners

ID #600902  
Print/Reprint Date: 04/10/2023

  
Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI  
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



# Saint Thomas Hickman Hospital Ascension Saint Thomas Hickman

Centerville, TN

has been Accredited by

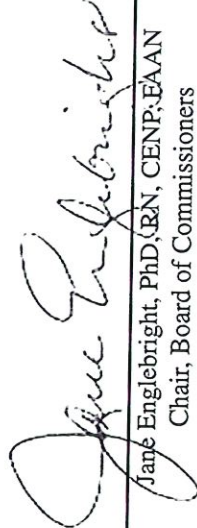


## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Critical Access Hospital Accreditation Program

August 25, 2023

Accreditation is customarily valid for up to 36 months.

  
Jane Englebright, PhD, RN, CENP, EAAN  
Chair, Board of Commissioners

ID #357646

Print/Reprint Date: 11/10/2023

  
Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI  
President and Chief Executive Officer

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