



PROCEDURES FOR APPLYING FOR INITIAL SERVICE LINE FOR HOSPITALS OR OUTPATIENT DIAGNOSTIC CENTERS

1. Beginning December 1, 2025, NICU, Burn Unit, MRI, and PET service lines must submit a licensure application to the Health Facilities Commission (HFC) followed by the designated fee.

A licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.
3. All applications will need to be emailed to hfc.service@tn.gov . An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.
4. Any hospital seeking to initiate a new NICU/Burn service line that was previously not licensed, or seeks to modify NICU (Level II-IV) or Burn Unit services, must submit architectural plans to Plans review through the online portal at <https://apps.tn.gov/tnhcf/>

If a hospital is modifying an existing NICU/Burn service line (e.g. renovations, increasing a NICU level, or increasing bed capacity), the hospital must submit architectural plans to Plans Review as well.

5. If an initial service is being implemented, after Plans Review has been completed and approved, a Life Safety Inspector will be sent out within ten (10) days. Within thirty (30) to forty-five (45) days, a health licensure surveyor will be sent out to determine approval.
6. If the application is for a new Burn or NICU service, after the Plans Review approval, a HFC surveyor will conduct an on-site review for the initial occupancy approval.
7. If the application involves MRI and/or PET, please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.
8. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.
 - a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.
 - b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th 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) –Send to CEO COPY QUALITY

**Bristol Regional
Medical Center**

Name

1 Medical Park Blvd.

Address

Bristol

TN

37620

City

State

ZIP

131

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

John Jeter

CEO

Name

Title

John.Jeter@balladhealth.org

Email Address

Bristol Regional Medical Center

Company Name-
Hospital Name)

1 Medical Park Blvd.

Address

Bristol

TN

37620

City

State

ZIP

423-844-1121

Phone Number

3. BILLING INFORMATION FOR FACILITY

John Jeter CEO
Name Title

John.Jeter@balladhealth.org
Email Address

Bristol Regional Medical Center
Company Name-
(So each facility name)

1 Medical Park Blvd.
Address

Bristol TN 37620
City State ZIP

423-844-1121
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: 1 Medical Park Blvd. Bristol, TN 37620

Name Brand of Unit GE Optima MR450W

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) Closed

Unit's Serial Number 423844MR1

Will the MRI Unit be Accredited?: X Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? ACR

(Attach certificate or proof of accreditation.)

If no, why:

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

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

Physical Address of Service: 1 Medical Park Blvd. Bristol, TN 37620

Name Brand of Unit Siemens Biograph

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

Unit's Serial Number 6027

Will the PET Unit be Accredited?: X Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? ACR

(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. X 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

John Jeter

11/24/2025

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)

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

Equipment Type (i.e. MRI or PET)	Physical Address of Service	Brand Name	Type (i.e. Tesla/Short Bore; PET/CT)	Serial Number	Accredited (Yes/No/Pending)	Accreditation Organization	Unit Registered with HFC (Yes/No)
MRI	1 Medical Park Blvd. Bristol, TN 37620	Siemens Vita 3T	TESLA 3.0	400-809462	YES	ACR	YES

ATTACHMENT – B-Legal Entity

INDIVIDUAL OWNERS INFORMATION

Name	Address	City	State	ZIP
Wellmont Health System	303 Med Tech. Parkway, Suite 300	Johnson City	TN	37604

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Wellmont Bristol Regional Medical Center

1 Medical Park Drive
Bristol, Tennessee 37620

was surveyed by the ACR® Committee on MRI
Accreditation of the Commission on Quality and Safety

The following magnet was approved

**Siemens Medical Systems
Magnetom Vida 2023**

for

Body, Breast, Head, MRA, MSK, Spine

**Accredited from
November 20, 2024 through November 10, 2027**

A handwritten signature in black ink, consisting of several stylized, overlapping strokes.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

Jamie N Brown
Wellmont Bristol Regional Medical Center
Attn: Jamie Brown
One Medical Park Boulevard
Bristol, TN 37620

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Wellmont Bristol Regional Medical Center

1 Medical Park Drive
Bristol, Tennessee 37620

was surveyed by the ACR® Committee on MRI
Accreditation of the Commission on Quality and Safety

The following magnet was approved

**General Electric Co. (GE Medical Systems)
OPTIMA MR450W 2012**

for

Body, Breast, Head, MRA, MSK, Spine

**Accredited from
July 17, 2024 through November 10, 2027**

A handwritten signature in black ink, consisting of several stylized, overlapping strokes.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink, reading "David B. Fuson" in a cursive style.

Chair, Commission on
Quality and Safety

Jamie N Brown
Wellmont Bristol Regional Medical Center
Attn: Jamie Brown
One Medical Park Boulevard
Bristol, TN 37620



Positron Emission Tomography (PET) Accreditation Approval Report

Privileged and Confidential • Peer Review
Release or disclosure of this document is prohibited
in accordance with Code of Virginia 8.01-581.17

July 17, 2023

Jonathan Mai, M.D.
1 Medical Park Drive
Bristol, Tennessee 37620

PETAP# 51040 - Unit# 01, Ballad Health Bristol Regional Medical Center

Dear Dr. Mai:

This letter is an addendum to the report you received dated July 12, 2023 and contains the results of your unit's Supplemental Review after evaluation by a different ACR reviewer.

The American College of Radiology's Committee on Nuclear Medicine Accreditation is pleased to inform you that the above-named PET unit has been GRANTED ACCREDITATION for a period of three years.

Accreditation is only granted if your facility has met all of the testing criteria established by the ACR Committee on Nuclear Medicine Accreditation for 1) clinical image quality and 2) phantom image quality. Your PET unit's results are presented in the following table:

Results Summary

PETAP# 51040 - Unit# 01	2016 Siemens Medical Systems Biograph mCT
Phantom Image Quality	ACCEPTABLE
Overall Accreditation Outcome	ACCREDITATION GRANTED

Feedback noted for phantom image quality as part of review is listed below. For a full list of areas reviewed for accreditation, please see the [Evaluation criteria for PET](#).

I. Phantom Image Evaluation : Acceptable

PET Phantom With Hot Cylinder to Background Concentration Ratio of 2.5:1

Must resolve at least 16 mm vial with acceptable contrast

Contrast	PASS
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Must resolve at least 11.1mm vial with low contrast

Spatial Resolution (Rods)	PASS
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Uniformity	PASS
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SUV Analysis	
Mean Background outside Pass/Fail criteria range (0.88 – 1.12)	No
Max 25mm SUV outside Pass/Fail criteria range (1.87 – 2.91)	No
Max 16mm SUV/Max 25mm does not meet Pass/Fail criteria (>0.7)	No

Additional Recommendations:
Additional Comments:

The ACR’s Committee on Nuclear Medicine Accreditation sincerely hopes you will find the enclosed report helpful in improving image quality at your facility. Please call the ACR PET Accreditation Information Line at 800-770-0145 if you have any questions.

Finally, we hope you proudly display your new ACR Accreditation Certificate so that it is visible to all of your patients. It signifies that your facility provides this essential service to your community at the highest standards of the radiology profession. For information on marketing your accreditation and maintenance and renewal of accreditation, visit [Accreditation information for PET](#). In addition, facilities can download the ACR certification mark and add this to reports, letterhead and referral pads. Please visit [Marketing toolkit for PET](#) for more information.

Sincerely yours,



Marc A. Seltzer, M. D.
 Chair, Committee on Nuclear Medicine Accreditation