



**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)

Cookeville Regional Medical Center

Name

1 Medical Center Blvd

Address

Cookeville

TN

38501

City

State

ZIP

95

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Marilyn C. Key

CEO

Name

Title

mckey@crmchealth.org

Email Address

Cookeville Regional Medical Center

Company Name

1 Medical Center Blvd

Address

Cookeville

TN

38501

City

State

ZIP

931-783-2000

Phone Number

3. BILLING INFORMATION FOR FACILITY

Sandy Winningham Accounts Payable Coordinator
Name Title

apayable@crmchealth.org
Email Address

Cookeville Regional Medical Center
Company Name

1 Medical Center Blvd
Address

Cookeville TN 38501
City State ZIP

931-783-2621
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:

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

Physical Address of Service: 1 Medical Center Blvd, Cookeville, TN 38501

Name Brand of Unit Siemens Avanto

Tesla 1.5

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

Unit's Serial Number 25491

Will the MRI Unit be Accredited?: X Yes No

If MRI Unit will be Accredited, is it PENDING X 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

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

Physical Address of Service: 1 Medical Center Blvd, Cookeville, TN 38501

Name Brand of Unit Canon Cartesion Prime

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

Unit's Serial Number 3DA22Y2017

Will the PET Unit be Accredited?: X Yes No

If PET Unit will be Accredited, is it PENDING X 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

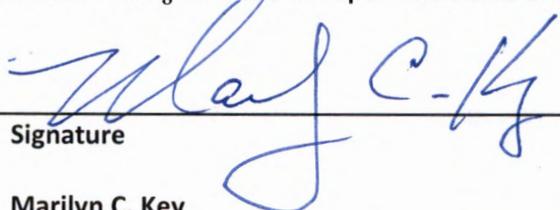
Neonatal Medical Director

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.

 1/5/26

Signature Date

Marilyn C. Key

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)



Cookeville Regional Medical Center

1 Medical Center Blvd.
Cookeville, Tennessee 38501

was surveyed by the
ACR Committee on Nuclear Medicine Accreditation
of the Commission on Quality and Safety

The following unit was approved

Canon Medical Systems Cartesion Prime 2022

For

Oncology

Accredited from:

July 31, 2023 through July 31, 2026

Marc A. Seltzer

CHAIR, COMMITTEE ON NUCLEAR MEDICINE
ACCREDITATION

William T. Herrington MD

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY



Cookeville Regional Medical Center

1 Medical Center Blvd.
Cookeville, Tennessee 38501

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

The following magnet was approved

Siemens Medical Systems AVANTO 2005

For

Body, Head, MRA, MSK, Spine

Accredited from:

March 21, 2023 through May 03, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY



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Cookeville, Tennessee 38501

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Siemens Medical Systems MAGNETOM AERA 2020

For

Body, Cardiac, Head, MRA, MSK, Spine

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March 13, 2023 through May 03, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

AMERICAN COLLEGE OF RADIOLOGY

Certificate of Accreditation



Outpatient Imaging Center Cookeville Regional Medical Center

251 W. 3rd street
Cookeville, Tennessee 38501

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

The following magnet was approved

**Siemens Medical Systems
VERIO 3T 2012**

for

Body, Breast, Head, MRA, MSK, Spine

Accredited from
October 29, 2024 through June 18, 2026

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. Johnson" in a cursive style.

Chair, Commission on
Quality and Safety



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