



## 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](mailto: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, 9<sup>th</sup> Floor, Nashville, TN 37243  
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

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**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)

Holston Valley  
Medical Center

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Name

130 West Ravine Road

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Address

Kingsport

TN

37660

---

City

State

ZIP

133

---

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Mitch Kennedy

CEO

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Name

Title

Mitch.Kennedy@balladhealth.org

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Email Address

Holston Valley Medical Center

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Company Name-

Hospital Name)

130 West Ravine

Road

---

Address

Kingsport

TN

37660

---

City

State

ZIP

423-224-4000

---

Phone Number

3. BILLING INFORMATION FOR FACILITY

Mitch Kennedy CEO  
Name Title

Mitch.Kennedy@balladhealth.org  
Email Address

Holston Valley Medical Center  
Company Name-  
(So each facility name)

130 West Ravine Road  
Address

Kingsport TN 37660  
City State ZIP

423-224-4000  
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: 130 West Ravine Road Kingsport, TN 37660

Name Brand of Unit GE Signa HDX Horizon

Tesla 1.5

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

Unit's Serial Number R3214

Will the MRI Unit be Accredited?:  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.  Yes  No

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

Physical Address of Service: 130 West Ravine Road Kingsport, TN 37660

Name Brand of Unit Siemens Biograph 20

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

Unit's Serial Number 981412382

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? IAC  
(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



## 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	130 West Ravine Road Kingsport, TN 37660	Siemens	3.0 Big Bore	1746438	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



Ballad Holston Valley Medical Center

130 West Ravine Road  
Kingsport, Tennessee 37660

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 2021

For

Body, Head, MSK, Spine

Accredited from:

August 24, 2023 through November 15, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

Leslie A Roberts  
Ballad Holston Valley Medical Center  
Attn: Bradley Ollis  
130 West Ravine Road  
Kingsport, TN 37660



Ballad Holston Valley Medical Center

130 West Ravine Road  
Kingsport, Tennessee 37660

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) SIGNA HDXT 1.5T 2007

For

Body, Head, MSK, Spine

Accredited from:

August 24, 2023 through November 15, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

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Leslie A Roberts  
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Kingsport, TN 37660

# Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION  
NUCLEAR/PET

*hereby recognizes*

Diagnostic Laboratories L.L.C. d b a INVIVO Molecular Imaging L.L.C.

Home Office

101 DILLON CT, GRAY, TN 37615

*as an*

ACCREDITED FACILITY

*in the area(s) of*

Positron Emission Tomography (PET)



*Janel Cuyler*  
\_\_\_\_\_  
PRESIDENT, NUCLEAR/PET

*Jame Warren*  
\_\_\_\_\_  
SECRETARY, NUCLEAR/PET

EFFECTIVE THROUGH  
11/30/2026