



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 hsd.a.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)

Johnson City Medical Center

Name

400 North State of Franklin Road

Address

Johnson City

TN

37604

City

State

ZIP

121

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Rebecca Beck

CEO

Name

Title

Rebecca.Beck@balladhealth.org

Email Address

Johnson City Medical Center

Company Name-

Hospital Name)

400 North State of

Franklin Road

Address

Johnson City

TN

37604

City

State

ZIP

423-431-6111

Phone Number

3. BILLING INFORMATION FOR FACILITY

Rebecca Beck CEO
Name Title

Rebecca.Beck@balladhealth.org
Email Address

Johnson City Medical Center
Company Name-
(So each facility name)

400 North State of Franklin Road
Address

Johnson City TN 37604
City State ZIP

423-431-6111
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: 400 North State of Franklin Road

Name Brand of Unit Philips

Tesla 3T

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

Unit's Serial Number 34028

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: 400 North State of Franklin Road

Name Brand of Unit Siemens

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

Unit's Serial Number 5809

Will the PET Unit be Accredited?: 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. Yes No

ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):

Physical Address of Service: 400 North State of Franklin Road

Choose Designation Type: X 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	<u>48 Surgery</u>
Level IV	_____

Have you been evaluated by AAP?: Yes X No

If yes, please provide documentation.

Designate Expiration Date: _____

Neonatal Program Manager

<u>Laura Hicks</u>	<u>Nurse Manager</u>
Name	Title

<u>Laura.Hicks@balladhealth.org</u>
Email Address

<u>423-431-6183</u>
Phone Number

Neonatal Medical Director

<u>Dr.Jack Owens</u>	<u>Neonatologist, Medical Director</u>
Name	Title

<u>Owensjd2@mail.etsu.edu</u>
Email Address

<u>423-431-5646</u>
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.

Rebecca Beck

11.25.25

Signature

Date

Rebecca Beck

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	400 North State of Franklin	Siemens	1.5T	190140	Pending	ACR	YES
MRI	400 North State of Franklin	Siemens	1.5T	141530	Yes	ACR	YES

ATTACHMENT – B-Legal Entity

INDIVIDUAL OWNERS INFORMATION

Name	Address	City	State	ZIP
Mountain States Health	303 Med Tech Parkway, Suite 300	Johnson City	TN	37604



Johnson City Medical Center

400 North State Of Franklin Road
Johnson City, Tennessee 37604

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 AERA 2017

For

Body, Head, MRA, MSK, Spine

Accredited from:

May 05, 2023 through May 27, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY



Johnson City Medical Center

400 North State Of Franklin Road
Johnson City, Tennessee 37604

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

The following magnet was approved

Philips Medical Systems Inc. ACHIEVA 3.0T 2009

For
Head

Accredited from:

April 27, 2023 through May 27, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 50865-01

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Johnson City Medical Center

400 North State Of Franklin Road
Johnson City, Tennessee 37604

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

The following unit was approved

**Siemens Medical Systems
Biograph mCT 2023**

for

Brain, Cardiac, Oncology

Accredited from
June 05, 2024 through October 09, 2027

Chair, Committee ON
Nuclear Medicine Accreditation

Chair, Commission on
Quality and Safety