



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 hsdastaff@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)

Metropolitan Hospital Authority dba Nashville General Hospital

Name

1818 Albion Street

Address

Nashville

TN

37208

City

State

ZIP

22

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Dr. Veronica Elders

Interim Chief Executive Officer

Name

Title

Veronica.Elders@Nashvilleha.org

Email Address

Nashville General Hospital

Company Name

1818 Albion Street

Address

Nashville

TN

37208

City

State

ZIP

615-341-4287

Phone Number

3. BILLING INFORMATION FOR FACILITY

LaTisha Smith-Pope

Accounts Payable Supervisor

Name

Title

LaTisha.Smith-Pope@Nashvilleha.org

Email Address

Nashville General Hospital

Company Name

1818 Albion Street

Address

Nashville

TN

37208

City

State

ZIP

615-341-4556

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: _____

Name Brand of Unit _____

Tesla _____

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

Unit's Serial Number _____

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? _____
(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: 1818 Albion Street, Nashville, Tennessee 37208

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

Designation at Different Level

What is the Current License
Level of Care? Level II

What is the Requested Level? _____

Ownership/Physical Location Change

Number of Beds by Each Level

Level II	<u>08</u>
Level III	<u>0</u>
Level III with Surgery	<u>0</u>
Level IV	<u>0</u>

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

Designate Expiration Date: N/A

Neonatal Program Manager

Kimberly Gaines, RN Nurse Manager
Name Title

Kimberly.Gaines@Nashvilleha.org
Email Address

615-341-4410
Phone Number

Neonatal Medical Director

Dr. Xylina Bean Neonatologist and Chair, Department of Pediatrics at Meharry
Name Title

Xbean@mmc.edu
Email Address

615-327-6348
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



Printed Name



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Nashville General Hospital

Name

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Address

Nashville

TN

37208

City

State

ZIP

22

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Veronica Elders, DHA, MBA, MSN, RN, NEA-BC

Interim CEO

Name

Title

Veronica.elders@nashvilleha.org

Email Address

Nashville General Hospital

Company Name

1818 Albion St

Address

Nashville

TN

37208

City

State

ZIP

615.341.4491

Phone Number

3. BILLING INFORMATION FOR FACILITY

Johnetta Hastings		Accounts Payable Coordinator
Name	Title	
ap@nashvilleha.org		
Email Address		
Nashville General Hospital		
Company Name		
1818 Albion St		
Address		
Nashville	TN	37208
City	State	ZIP
615.341.4499		
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: 1818 Albion Street, Nashville, TN

Name Brand of Unit Philips Ingenuity

Tesla 1.5

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

Unit's Serial Number 78134170627

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? American College of Radiology MRAP# 54845-01/JACHO

(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: 1818 Albion Street, Nashville, TN

Name Brand of Unit United Imaging Umi 550

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

Unit's Serial Number 232014

Will the PET Unit be Accredited?: Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? JACHO
(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

Veronica Elders, DHA, MBA, MSN, RN

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)



December 12, 2025

Lisa Arington-Glesinger
Co-CEO
Shared Medical Services, Inc
209 Limestone Pass,
Cottage Grove, WI 53527

Joint Commission ID #: 505167
Program: Ambulatory Health Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 12/10/2025

Dear Ms. Arington-Glesinger:

We are pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been **ACCREDITED**.

- **Comprehensive Accreditation Manual for Ambulatory Health Care**

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning October 22, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our [website](#). Congratulations on your accomplishment.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

AMERICAN COLLEGE OF RADIOLOGY

Certificate of Accreditation



Nashville General Hospital @ Meharry

1818 Albion Street
Nashville, Tennessee 37208

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.
Ingenuia 2015**

for

Body, Head, MRA, MSK, Spine

**Accredited from
April 05, 2024 through April 05, 2027**

A handwritten signature in black ink, appearing to be "K. A. H.", written over a horizontal line.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink, appearing to be "David B. Jenson", written over a horizontal line.

Chair, Commission on
Quality and Safety

Hospital Authority of The Metropolitan Government of Nashville

Nashville, TN

has been Accredited by



The Joint Commission

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

November 8, 2024

Accreditation is customarily valid for up to 36 months.



Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #7886

Print/Reprint Date: 01/27/2025



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.

