

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

Physical Address of Service: 435 Second Street

Name Brand of Unit GE

Tesla 1.5

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

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? ACE + Joint Commission
(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: _____

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

1/5/26

Date



Printed Name



ORGANIZATION

Cocke County HMA, LLC

HCO ID: 58983

DBA: Tennova Newport Medical Center

435 Second Street
Newport, Tennessee 37821

<https://www.tennovanewport.com/>



	Accredited Programs	Decision	Effective Date
	Hospital	Accredited	September 12, 2024
	Laboratory	Accredited	September 15, 2023
	Deemed and CMS-Recognized Programs		
	Hospital		
	Sites		
<p>Cocke County HMA, LLC DBA: Tennova Healthcare-Newport Medical Center 435 Second Street, Newport, TN, 37821</p>	<p>Available Services</p> <ul style="list-style-type: none"> • CT Scanner • Ear/Nose/Throat Surgery • EEG/EKG/EMG Lab • Gastroenterology • General Laboratory Tests • Gynecological Surgery • Inpatient Unit • Labor & Delivery • Magnetic Resonance Imaging • Medical /Surgical Unit • Medical ICU 	<ul style="list-style-type: none"> • Normal Newborn Nursery • Nuclear Medicine • Ophthalmology • Orthopedic Surgery • Outpatient Clinics • Post Anesthesia Care Unit (PACU) • Surgical ICU • Teleradiology • Toxicology • Ultrasound 	<p>Additional Sites</p> <ul style="list-style-type: none"> • Rural Health Clinic
	<p>Accredited Programs</p> <ul style="list-style-type: none"> • Hospital; Laboratory 		

**Tennova Newport
Convalescent Center**

DBA: Intermediate Care
Facility
435 Second Street,
Newport, TN, 37821

Available Services

- Dementia Care
- Intermediate Care

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