



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)

Shelby County Health Care Corporation, d/b/a Regional One Health

Name

877 Jefferson Avenue

Address

Memphis

TN

38103

City

State

ZIP

110

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Reginald Coopwood, M.D.

President/CEO

Name

Title

rcoopwood@regionalonehealth.org

Email Address

Shelby County Health Care Corporation, d/b/a Regional One Health

Company Name

877 Jefferson Avenue

Address

Memphis

TN

38103

City

State

ZIP

901-545-6289

Phone Number

3. BILLING INFORMATION FOR FACILITY

Emily McCarthy		Manager, Legal Operations and Lead Paralegal	
Name	Title		
eneyman@regionalonehealth.org			
Email Address			
Shelby County Health Care Corporation, d/b/a Regional One Health			
Company Name			
877 Jefferson Avenue			
Address			
Memphis	TN	38103	
City	State	ZIP	
901-545-6177			
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: 890 Madison Ave., Memphis TN 38103

Number of Beds 14

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: See Attachment A

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: 877 Jefferson Ave., Memphis, TN 38103

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	<u>115</u>
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

<u>Kelley Smith</u>	<u>Nurse Manager</u>
Name	Title
<u>ksmith@regionalonehealth.org</u>	
Email Address	
<u>901-545-8381</u>	
Phone Number	

Neonatal Medical Director

<u>Dr. Ajay Talati</u>	<u>Medical Director</u>
Name	Title
<u>atalati@uthsc.edu</u>	
Email Address	
<u>901-448-5950</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.

DocuSigned by:



12/1/2025 | 9:46 AM CST

Signature
B4F53A5B41D54D7...

Date

Reginald Coopwood, M.D.

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 (1.5T)	877 Jefferson Ave Memphis, Tn 38013	Siemens	Large Bore	30541	Yes	ACR	NO
MRI (3 T)	877 Jefferson Ave Memphis, Tn 38013	GE	Large Bore	PV300945C	Yes	ACR	NO

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Regional One Health

877 Jefferson Avenue
Memphis, Tennessee 38103

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 Architect 2022**

for

Head, MSK, Spine

Accredited from
January 31, 2024 through October 06, 2027

A stylized, cursive signature in black ink.

Chair, Committee ON
MRI Accreditation

A cursive signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

Maria Mcgee
Regional One Health
Attn: Michael Beggs
877 Jefferson Avenue
Memphis, TN 38103

AMERICAN COLLEGE OF RADIOLOGY™

Certificate of Accreditation



Regional One Health

877 Jefferson Avenue
Memphis, Tennessee 38103

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

The following magnet was approved

**Siemens Medical Systems
ESPREE 2007**

for

Head, MSK, Spine

Accredited from
October 06, 2024 through October 06, 2027

A stylized handwritten signature in black ink.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Johnson".

Chair, Commission on
Quality and Safety



311 South Wacker Drive, Ste. 950
Chicago, IL 60606

American Burn Association

Phone (312) 642-9260 • Fax (312) 642-9130
Email: info@ameriburn.org

June 10, 2025

Travis P. Webb, MD, MHPE, FACS
Burn Center Medical Director
Firefighters Regional One Burn Center
877 Jefferson Ave Rm TG032
Memphis, Tennessee 38103-2807

Dear Dr. Webb,

The American Burn Association Burn Center Verification Review Committee has carefully reviewed the verification report written by J. Kevin Bailey MD, FACS, FABA and Nicole Bernal, MD, FACS, FABA after their site visit of April 1-2, 2025.

The reviewers identified a Criterion Deficiency and areas for improvement, which are outlined in the Site Report. As a result, the Verification Review Committee has made the following determination of **Non-verification Pending Further Review** as an Adult Burn Center. The identified deficiency is as follows:

Section 3: Burn Center Director

Criteria 3.2 - The burn center director has completed a one-year fellowship in burn treatment and/or has experience in the care of patients with acute burn injuries for two or more years during the previous five years. *Level 1*

To renew your verification as an Adult Burn Center, your institution must develop and implement a remediation plan to address the above deficiency. **A minimum of six months of documentation demonstrating successful implementation and completion of a Focus Review PRQ will be required.** Additionally, a Focus Review fee of \$3,500 is due upon receipt. **If remediation is not completed within one year from the date of this letter, the verification of your burn center will lapse,** and a new site visit will be required for verification.

Once the required supplementary documentation is submitted, the Verification Review Committee will evaluate whether the cited deficiency has been adequately addressed. You will then be informed whether your submission is sufficient or if a focused, on-site review is necessary.

If the committee determines that the submitted documentation sufficiently remedies the deficiency, reverification will be granted to your burn center. However, if an **onsite Focus Review visit** is required, an **additional fee of \$1,000** will be due at that time.



American Burn Association

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Firefighters Regional One Burn Center
June 10, 2025

We appreciate your dedication to the Verification Program and your ongoing commitment to delivering the highest quality burn care. Your efforts toward continuous improvement are commendable. We also welcome your feedback through the [ABA Verification Program evaluation](#).

For any questions or **to request a Focus Review**, please contact the ABA Senior Verification Specialist.

Sincerely,

A handwritten signature in black ink that reads 'J. Kevin Bailey'.

J. Kevin Bailey, MD, FACS,
Chair
ABA Verification Review Committee

A handwritten signature in black ink that reads 'Ed Dellert'.

Ed Dellert, RN, MBA, CAE
Chief Executive Officer
American Burn Association

cc: Nicole Bernal, MD, FACS, FABA, Reviewer
Rebecca A. Coffey, PhD, MSN, CNP, Reviewer
Audrey M. O'Neil, DPT, BT-C, CWS, Reviewer
Patrick Brockway RN, BAN, MSN-ED, CBRN, Verification Coordinator
Dena Leishman, MA, Senior Verification Specialist, ABA



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American Burn Association

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June 19, 2025

Travis P. Webb, MD, MHPE, FACS
Burn Center Medical Director
Firefighters Regional One Burn Center
877 Jefferson Ave Rm TG032
Memphis, Tennessee 38103-2807

Dear Dr. Webb,

On behalf of the American Burn Association's Verification Committee, I want to thank you for your engagement during your recent review and for your visible commitment to the patients and community served by the Firefighters Burn Center. We recognize the unique and pressing need for specialized burn care in your region, and we appreciate your willingness to lead and strengthen this essential program.

As we discussed, the ABA maintains certain standards that ensure the quality and consistency of training in verified burn programs. To ensure optimal quality, the expectation is that Burn Centers are led by Burn Surgeons. According to the Criteria for Fellowship Programs (dated January 7, 2020), Section 7 outlines the minimum case requirements that each burn fellow must meet in a training year. These case requirements will need to be met. These include:

- 125 burn and soft tissue operative cases (fasciotomies, debridements, skin grafts, reconstructions, etc.)
- 10 escharotomy procedures
- 10 resuscitations for patients with $\geq 20\%$ TBSA
- 10 cases of active inhalation injury management in the ICU
- 50 non-operative burn cases
- 200 outpatient visits involving acute, healed, or reconstructive burns

It is our expectation that you, as the Medical Director, ensure that these case volumes are met by the time of the focused review.

In support of this, and in recognition that exposure to a variety of systems and practices enhances training and would help build your network, we strongly recommend that you arrange observational visits at three ABA-verified burn centers. Suggested sites could include LA County/USC, University Medical Center in New Orleans, and Vanderbilt University Medical Center. We would be happy to facilitate communication with these, or other centers, as you deem. These peer institutions can offer additional perspective on burn center design, operative and outpatient workflows, and strategies for maintaining case volume and educational rigor.



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Page 2 of 2
Firefighters Regional One Burn Center
June 19, 2025

We look forward to supporting you in this process and are encouraged by the early steps you've taken. Please don't hesitate to reach out if we can assist in facilitating contact with these or other centers.

With appreciation for your leadership and dedication,

Sincerely,

A handwritten signature in black ink that reads 'J. Kevin Bailey'.

J. Kevin Bailey, MD, FACS, FABA
Chair
ABA Verification Review Committee

cc: Patrick Brockway RN, BAN, MSN-ED, CBRN, Verification Coordinator
Dena Leishman, MA, Senior Verification Specialist, ABA