



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 hsda.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)

St. Jude Children's Research Hospital

Name

262 Danny Thomas Place MS 210 (attention: Department of Radiation Oncology, Mia Carlson)

Address

Memphis

TN

38105

City

State

ZIP

0000000113

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Mia Carlson

Administrative Director

Name

Title

mia.carlson@stjude.org

Email Address

St. Jude Children's Research Hospital

Company Name

262 Danny Thomas Place MS 210

Address

Memphis

TN

38105

City

State

ZIP

901-595-7291

Phone Number

3. BILLING INFORMATION FOR FACILITY

Mia Carlson Administrative Director
Name Title

mia.carlson@stjude.org
Email Address

St. Jude Children's Research Hospital, Department of Radiation Oncology, MS 210
Company Name

262 Danny Thomas Place
Address

Memphis TN 38105
City State ZIP

901-595-7291
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: 262 Danny Thomas Place Memphis TN 38105

Name Brand of Unit Philips

Tesla 3.0

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

Unit's Serial Number 71495

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:

Made aware of new licensure requirement this month.

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: 262 Danny Thomas Place Memphis TN 38105

Name Brand of Unit Philips

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

Unit's Serial Number 219

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:

Made aware of new licensure requirement this month.

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

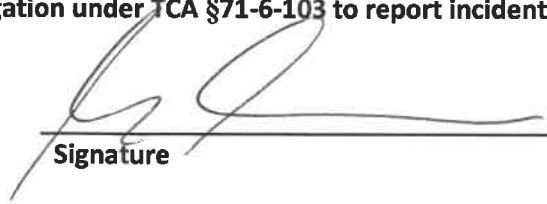
Neonatal Medical Director

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.



12-5-2025

Signature

Date

Administrative Director, Department of Radiation Oncology

Title of Signee

Mia Carlson

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	262 Danny Thomas Place, Memphis TN 38105	Philips	3.0; 70 cm (large bore)	71495	No		Not yet
MRI	262 Danny Thomas Place, Memphis TN 38105	Philips	1.5; 70 cm (large bore)	70903	No		Not yet
PET/CT	262 Danny Thomas Place Memphis TN 38105	Philips	70 cm (large bore)	219	No		Not yet



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 hsda.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)

St. Jude Children’s Research Hospital

Name

262 Danny Thomas Place

Address

Memphis

TN

38105

City

State

ZIP

00000113

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Hartwell Strain

Radiology- Administrative Director

Name

Title

Hartwell.Strain@STJUDE.ORG

Email Address

St. Jude Children’s Research Hospital

Company Name

262 Danny Thomas Place

Address

Memphis

TN

38105

City

State

ZIP

901-595-2512

Phone Number

3. BILLING INFORMATION FOR FACILITY

Kendri Herring **Radiology- Operations Manager**
Name Title

Kendri.herring@stjude.org
Email Address

St. Jude Children’s Research Hospital
Company Name

262 Danny Thomas Place
Address

Memphis **TN** **38105**
City State ZIP

901-595-2013
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: N/A

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: 262 Danny Thomas Place, Memphis TN 38105

Name Brand of Unit See attachment A

Tesla See attachment A

Type (i.e. Close, Short Bore, etc.) All units are closed bore

Unit's Serial Number See attachment A

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 (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: 262 Danny Thomas Place, Memphis TN 38105

Name Brand of Unit United Imaging- Panaroma GS

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

Unit's Serial Number 11MIP00007

Will the PET Unit be Accredited?: Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? American College of Radiology
(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: N/A

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

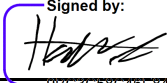
Neonatal Medical Director

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.

Signed by:


13-Jan-2026 | 10:12:27 PM CST

Signature

Date

Hartwell Strain

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	262 Danny Thomas Place, Memphis TN, 38105	Siemens Prisma	3T	66057	Yes	American College of Radiology	No
MRI	262 Danny Thomas Place,	Siemens Prisma	3T	AWP166326	Yes	American College of Radiology	No
MRI	Memphis TN, 38105	Siemens Prisma	3T	AWP166327	Yes	American College of Radiology	No
MRI	262 Danny Thomas Place,	Siemens Avanto Fit	1.5T	69595	Yes	American College of Radiology	No



St Jude Children's Research Hospital

262 Danny Thomas Pl
Mail Stop 220
Memphis, Tennessee 38105

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 Prisma 2015

For

Body, Head, MRA, MSK, Spine

Accredited from:

October 18, 2023 through December 04, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

Kendri Herring
St Jude Children's Research Hospital
Attn: Courtney Sievers
262 Danny Thomas Pl
Mail Stop 220
Memphis, TN 38105



St Jude Children's Research Hospital

262 Danny Thomas Pl
Mail Stop 220
Memphis, Tennessee 38105

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

The following magnet was approved
Siemens Medical Systems Avanto Fit 2008
For
Body, Head, MRA, MSK, Spine

Accredited from:
April 01, 2024 through December 04, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

Kendri Herring
St Jude Children's Research Hospital
Attn: Courtney Sievers
262 Danny Thomas Pl
Mail Stop 220
Memphis, TN 38105

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



St Jude Children's Research Hospital

262 Danny Thomas Pl
Mail Stop 220
Memphis, Tennessee 38105

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 Prisma 2024**

for

Body, Head, MRA, MSK, Spine

Accredited from
October 03, 2024 through December 04, 2026

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

Chair, Committee ON
MRI Accreditation

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

Chair, Commission on
Quality and Safety

Kendri Herring
St Jude Children's Research Hospital
Attn: Courtney Sievers
262 Danny Thomas Pl
Mail Stop 220
Memphis, TN 38105

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



St Jude Children's Research Hospital

262 Danny Thomas Pl
Mail Stop 220
Memphis, Tennessee 38105

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 Prisma 2024**

for

Body, Head, MRA, MSK, Spine

Accredited from
September 23, 2024 through December 04, 2026

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

Chair, Committee ON
MRI Accreditation

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

Chair, Commission on
Quality and Safety

Kendri Herring
St Jude Children's Research Hospital
Attn: Courtney Sievers
262 Danny Thomas Pl
Mail Stop 220
Memphis, TN 38105

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



St Jude Children's Research Hospital

262 Danny Thomas Pl
Mail Stop 220
Memphis, Tennessee 38105

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

The following unit was approved

**United Imaging
uMI Panorama 2024**

for

Brain, Oncology

**Accredited from
January 21, 2025 through March 22, 2028**

Chair, Committee ON
Nuclear Medicine Accreditation

Chair, Commission on
Quality and Safety