



**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)

Tennova Healthcare Clarksville

Name

651 Dunlop Lane

Address

Clarksville

TN

37040

City

State

ZIP

000000090

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Andrew Emery

CEO

Name

Title

Andrew.Emery@mytennova.com

Email Address

Tennova Healthcare - Clarksville

Company Name

651 Dunlop Lane

Address

Clarksville

TN

37040

City

State

ZIP

931-502-1201

Phone Number

3. BILLING INFORMATION FOR FACILITY

Valerie Price	Director of Business Office/Patient Access	
Name	Title	
Valerie_price1@mytennova.com		
Email Address		
Tennova Healthcare - Clarksville		
Company Name		
651 Dunlop Lane		
Address		
Clarksville	TN	37040
City	State	ZIP
931-502-1144		
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: N/A

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:

See Below/Next Page

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

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

Physical Address of Service: 651 Dunlop Lane, Clarksville, TN 37040

Name Brand of Unit GE Discovery IQ-Comes every Tuesday each week-AKUMIN

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

Unit's Serial Number GST0372039

Will the PET Unit be Accredited?: Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? The Joint Commission
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. Yes No

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

Physical Address of Service: 651 Dunlop Lane, Clarksville, TN 37040

Name Brand of Unit Philips Achieva

Tesla 1.5

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

Unit's Serial Number 21776

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? The 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 MRI UNIT/SERVICE: *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 651 Dunlop Lane, Clarksville, TN 37040

Name Brand of Unit Philips Achieva

Tesla 3.0

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

Unit's Serial Number 17456

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? The 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 NEONATAL INTENSIVE CARE UNIT (NICU):

Physical Address of Service: 651 Dunlop Lane Clarksville, TN 37040

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	<u>12</u>
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

Nicole Allsopp RN MSN Interim Director of Women's Services
Name **Title**

nicole_allsopp@mytennova.com
Email Address

931-502-3000
Phone Number

Neonatal Medical Director

Dr. Diane Attardi Neonatologist and NICU Medical Director
Name **Title**

diane_attardi@mytennova.com
Email Address

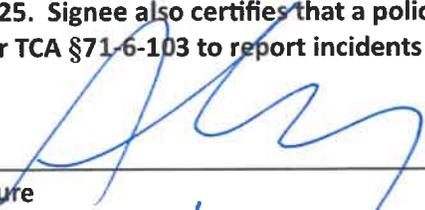
(cell) 732-859-0606 (office) 931-502-3122
Phone Number

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



11/18/25

Andrew B. Emery

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)

MRI

Clarksville Health System, G.P.

Clarksville, 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

December 21, 2024

Accreditation is customarily valid for up to 36 months.

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

ID #7817

Print/Reprint Date: 03/20/2025

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.



Alliance HealthCare Radiology

Plantation, FL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Ambulatory Health Care Accreditation Program

February 11, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #600902
Print/Reprint Date: 04/10/2023


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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