



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)**

Vanderbilt University Medical Center (Monroe Carell Jr. Children's Hospital Vanderbilt Surgery and Clinics
Murfreesboro)

Name

2102 West Northfield Boulevard

Address

Murfreesboro

TN

37129

City

State

ZIP

#27

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Jane Freedman, M.D.

Deputy Chief Executive Officer, Chief Health System Officer

Name

Title

ginna.felts@vumc.org

Email Address

Vanderbilt University Medical Center

Company Name

1211 Medical Center Drive, Suite 3300

Address

Nashville

TN

37232

City

State

ZIP

615-322-3454

Phone Number

3. BILLING INFORMATION FOR FACILITY

Jane Freedman, M.D.

Deputy Chief Executive Officer, Chief Health System Officer

Name

Title

ginna.felts@vumc.org or vumcdisbursements@vumc.org

Email Address

Vanderbilt University Medical Center

Company Name

1211 Medical Center Drive, Suite 3300

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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:

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

Physical Address of Service: 2102 West Northfield Boulevard, Murfreesboro, TN 37129

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 182757

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 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.



11/18/2025

Signature	Date
Jane E. Freedman, MD, Deputy CEO and Chief Health System Officer	
Printed Name	

Vanderbilt University Medical Center

Nashville, TN

has been Accredited by



The Joint Commission

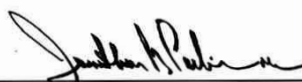
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

August 10, 2024

Accreditation is customarily valid for up to 36 months.


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

ID #7892
Print/Reprint Date: 11/21/2024


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.

