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 PHYSICIAL ADDRESS OF FACILITY OF SERVICE

Provider Type (Check One): X 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	
Address	

Nashville	TN	37232
City	**State**	**ZIP**
615-322-3454		
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 X No

If yes, what were the changes and date of changes?:

□ **ESTBLISHMENT 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: 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?: X Yes □ No

If MRI Unit will be Accredited, is it □ PENDING X 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. X 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.