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): ☐ **Hospital** X **Outpatient Diagnostic Center (ODC)**

Premier Diagnostic Imaging, LLC
Name

315 North Washington Avenue, Suite 103
Address

Cookeville	TN	38501
City	State	ZIP

54
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Tyler Rector	CFO
Name	Title

tylerr@premierdiagnostic.com
Email Address

Premier Diagnostic Imaging, LLC
Company Name

315 North Washington Avenue, Suite 209
Address

Cookeville	TN	38501
City	State	ZIP

931-520-6504
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Tyler Rector — CFO
Name — Title

tylerr@premierdiagnostic.com
Email Address

Premier Diagnostic Imaging, LLC
Company Name

315 North Washington Avenue, Suite 209
Address

Cookeville — TN — 38501
City — State — ZIP

931-520-6504
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?:

☐ **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: _____

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: _____

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.

Tyler Rector 11/17/25

Signature **Date**

Tyler Rector

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	315 North Washington Avenue, Suite 103, Cookeville, TN, 38501	Siemens Magnetom Espree	1.5 Short Bore	30418	Yes	ACR	Yes
MRI	315 North Washington Avenue, Suite 103, Cookeville, TN, 38501	Siemens Magnetom Sola	1.5 Short Bore	183786	Yes	ACR	Yes

AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

MAGNETIC RESONANCE IMAGING
American College *of* Radiology™
ACCREDITED FACILITY

Premier Diagnostic Imaging

315 North Washington Avenue
Suite 103
Cookeville, Tennessee 38501

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
July 31, 2024 through January 16, 2028

David B Larson

Chair, Committee ON
MRI Accreditation

Chair, Commission on
Quality and Safety

MRAP# 01703-05

AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

MAGNETIC RESONANCE IMAGING

American College *of* Radiology™

ACCREDITED FACILITY

Premier Diagnostic Imaging

315 North Washington Avenue
Suite 103
Cookeville, Tennessee 38501

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 Sola 2023

for

Head, MSK, Spine

Accredited from
July 31, 2024 through January 16, 2028

David B Fanson

Chair, Committee ON
MRI Accreditation

Chair, Commission on
Quality and Safety

MRAP# 01703-07