



## 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](mailto: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, 9<sup>th</sup> Floor, Nashville, TN 37243  
www.tn.gov/hfc Phone: 615-741-2364 hsdastaff@tn.gov

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**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)**

Tennessee PET Scan Center, LLC

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**Name**

1840 Medical Center Parkway Suite 100

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**Address**

Murfreesboro

TN

37129

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**City**

**State**

**ZIP**

ODC License # 52

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**License Number:**

**2. CEO/ADMINISTRATOR OF PROVIDER**

Matt Hudson

Director of Imaging

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**Name**

**Title**

mHUDSON@tnonc.com

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**Email Address**

Tennessee Oncology

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**Company Name**

1840 Medical Center Parkway Suite 100

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**Address**

Murfreesboro

TN

37129

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**City**

**State**

**ZIP**

615-890-5858

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**Phone Number**

**3. BILLING INFORMATION FOR FACILITY**

Matt Hudson		Director of Imaging	
<b>Name</b>	<b>Title</b>		
mHUDSON@Tnonc.com			
<b>Email Address</b>			
Tennessee Oncology			
<b>Company Name</b>			
322 22nd Ave. North Suite 140			
<b>Address</b>			
Nashville		TN	37129
<b>City</b>	<b>State</b>		<b>ZIP</b>
615-320-7387			
<b>Phone Number</b>			

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: \_\_\_\_\_

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: 1840 Medical Center Parkway Suite 100 Murfreesboro, TN 37129

Name Brand of Unit GE Discovery IQ

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

Unit's Serial Number 418740HM7

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? ACR  
(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.

*Matt Hudson*

12.05.25

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**Signature**

**Date**

Matt Hudson

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**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)*

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



## Tennessee P.E.T. Scan Center

1840 Medical Center Parkway  
Suite 100  
Murfreesboro, Tennessee 37129

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

The following unit was approved

**General Electric Co. (GE Medical Systems)  
DISCOVERY 2015**

for

**Oncology**

Accredited from  
January 27, 2025 through August 12, 2028

Chair, Committee ON  
Nuclear Medicine Accreditation

Chair, Commission on  
Quality and Safety

Patrick Mcneece  
Tennessee P.E.T. Scan Center  
Attn: Patrick McNeece  
2018 Murphy Ave  
Suite 200  
Nashville, TN 37203