



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. 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, 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 Imaging Services: Midtown

Name

337 22nd Ave. North

Address

Nashville

TN

37203

City

State

ZIP

38

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Jordan Seymour

Director of Operations, Radiology Services

Name

Title

jordan.c.seymour@vumc.org

Email Address

Vanderbilt Imaging Services

Company Name

2000 Richard Jones Rd. Ste 270

Address

Nashville

TN

37215

City

State

ZIP

615-421-6836

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Tina Betty	Accountant	
Name	Title	
VISAP@vumc.org		
Email Address		
New Light Imaging		
Company Name		
2000 Richard Jones Rd. Ste 270		
Address		
Nashville	TN	37215
City	State	ZIP
615-875-4249		
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:**

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: 337 22nd Ave. North, Nashville, TN 37203

Name Brand of Unit GE 450W

Tesla 1.5

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

Unit's Serial Number 7460

Will the MRI Unit be Accredited?: ☒ Yes ☐ No

If MRI Unit will be Accredited, is it ☐ PENDING ☒ ACCREDITED

If ACCREDITED, What Organization? ACR
(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: _____

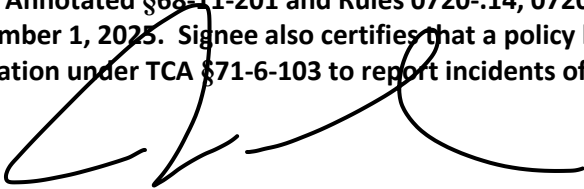
Neonatal Program Manager

_____	_____
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Neonatal Medical Director

_____	_____
-------	-------

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.



11/24/2025

Signature

Date

Jordan Seymour

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)



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Jordan Seymour

Director of Operations, Radiology Services

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Title

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ZIP

615-421-6836

Phone Number

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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: 337 22nd Ave. North, Nashville, TN 37203

Name Brand of Unit Philips Ingenia Elition

Tesla 3

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

Unit's Serial Number 45414

Will the MRI Unit be Accredited?: ☒ Yes ☐ No

If MRI Unit will be Accredited, is it ☐ PENDING ☒ ACCREDITED

If ACCREDITED, What Organization? ACR
(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: _____

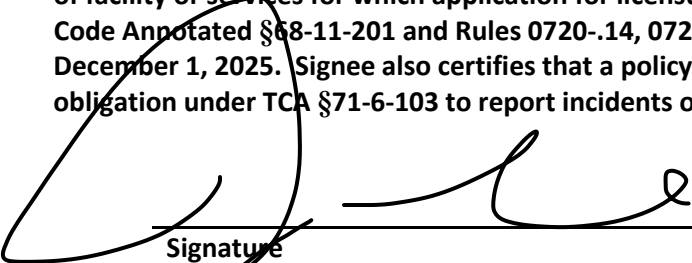
Neonatal Program Manager

_____	_____
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Neonatal Medical Director

_____	_____
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Jordan Seymour

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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



Vanderbilt Imaging Services Midtown

**337 22nd Avenue North
Nashville, Tennessee 37203**

**was surveyed by the ACR® Committee on MRI
Accreditation of the Commission on Quality and Safety**

The following magnet was approved

**General Electric Co. (GE Medical Systems)
OPTIMA MR450W 2011**

for

Body, Head, MRA, MSK, Spine

**Accredited from
June 04, 2025 through November 09, 2028**

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

**Chair, Committee ON
MRI Accreditation**

A handwritten signature in black ink that reads "David B. Fuson".

**Chair, Commission on
Quality and Safety**

Jordan Seymour
Vanderbilt Imaging Services Midtown
337 22nd Avenue North
Nashville, TN 37203

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Vanderbilt Imaging Services Midtown

337 22nd Avenue North
Nashville, Tennessee 37203

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

The following magnet was approved

**Philips Medical Systems Inc.
Ingenuia Elition 2021**

for

Body, Breast, Head, MRA, MSK, Spine

**Accredited from
May 27, 2025 through November 09, 2028**

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

Jordan Seymour
Vanderbilt Imaging Services Midtown
337 22nd Avenue North
Nashville, TN 37203