



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

**ECONOMICALLY DISTRESSED COUNTIES
REPORT OF CON EXEMPTION**

Instructions: This form must be filed with the Health Facilities Commission by any person who established a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (q) within (90) days of initiation of the exempted activity. This form may be mailed to the Commission office or emailed to hsda.staff@tn.gov.

1. **REPORTING DATE:** _____

2. **DATE OF LICENSURE:** _____
(ATTACH COPY OF LICENSE)

3. **PLEASE LIST DISTRESSED COUNTY OR COUNTIES OF EXEMPTED CON ACTIVITY:**

4. **NAME AND ADDRESS OF PROVIDER**

(Name)

(Street Address)

(City)

(State)

(Zip)

5. **CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION**

(Name)

(Title)

(Company)

(Email Address)

(Mailing Address)

(Telephone Number)

(City)

(State)

(Zip)

(Fax Number)

5. DESCRIPTION OF CON EXEMPTED ACTIVITY:

Please note home health agencies that operating pursuant to a Certificate of Need exemption must report to the Health Facilities Commission within two (2) years of the licensure of the home health agency whether the home health agency has been accredited and by which accrediting organization.

Signature

Date

Printed Name