



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

NOTIFICATION OF CHANGE OF OWNERSHIP OF LICENSED HEALTH CARE INSTITUTION

Public Chapter 780, Acts of 2002, requires that notification be made to the Tennessee Health Services and Development Agency of any change of ownership of a health care institution occurring within two (2) years of the date of initial licensure of that health care institution. Such notification is to be made within thirty (30) days of the change of ownership, and must include a commitment from the subsequent owner to comply with all conditions placed on the original Certificate of Need and/or on the license.

1. NAME AND ADDRESS OF HEALTH INSTITUTION

(Name)

(Street Address)

(County)

(Mailing Address, if different from Street Address)

(City)

(State)

(Zip)

()
(Telephone)

2. NAME AND ADDRESS OF SELLER / TRANSFEROR

(Name)

(Street Address)

(County)

(Mailing Address, if different from Street Address)

(City)

(State)

(Zip)

()
(Telephone)

3. NAME AND ADDRESS OF PURCHASER / ACQUIRING ENTITY

(Name)

(Street Address)

(County)

(Mailing Address, if different from Street Address)

(City)

(State)

(Zip)

()
(Telephone)

4. Effective date of transfer: _____

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report. I further certify, pursuant to Public Chapter 780, Acts of 2002, that following the change of ownership the owner will comply with all conditions placed on the original Certificate of Need and/or on the license issued to the referenced health care institution.

Signature of Authorized Agent of Purchaser / Acquiring Entity

Date