



**State of Tennessee  
Health Facilities Commission**

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

**TEMPORARY EXEMPTION FROM VOIDING A CERTIFICATE OF NEED FORM**

Instructions: This form must be filed with the Health Facilities Commission prior to the month of the Commission's meeting where the request is to be considered. This form may be filed at the Commission's office or emailed to hsda.staff@tn.gov.

**NOTE:** Please refer to Commission Rule **0720-10-.07 EXEMPTION FROM VOIDING A CERTIFICATE OF NEED AND ANY ACTIVITY AUTHORIZED BY A CERTIFICATE OF NEED** for additional information.

1. **DATE:** \_\_\_\_\_
  
2. **DATE OF OF AGENCY MEETING REQUESTED TO REVIEW:** \_\_\_\_\_
  
3. **CON NUMBER:** \_\_\_\_\_  
**NAME OF CON:** \_\_\_\_\_
  
4. **NAME AND ADDRESS OF CON HOLDER**  
  
\_\_\_\_\_  
(Name)  
  
\_\_\_\_\_  
(Street Address)  
  
\_\_\_\_\_  
(City) (State) (Zip)
  
5. **CONTACT PERSON OR AUTHORIZED AGENT REQUESTING EXEMPTION**  
  
\_\_\_\_\_  
(Name) (Title)  
  
\_\_\_\_\_  
(Company) (Email Address)  
  
\_\_\_\_\_  
(Mailing Address) (Telephone Number)  
  
\_\_\_\_\_  
(City) (State) (Zip) (Fax Number)

6. **BRIEF DESCRIPTION OF CON**

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7. **REASON(s) FOR TEMPORARY CESSATION OF CON ACTIVITY**

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8. **DETAILED PLAN TO RESUME ACTIVITY**

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9. **ESTIMATED DATE TO RESUME ACTIVITY** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name