Registration Directions

1. Open registration file (attached 'pdf' file) and review for any changes.
   a. If any applicable field is blank, please report the information if possible.

2. Go to www.tn.gov/hsda , click on Medical Equipment (under Featured Topics) then click on Medical Equipment Submissions then click on Medical Equipment Registration…
   a. If there are no changes:
      - ★ Click on "Correct As Is"
      - ★ Type in name of facility
      - ★ Type in county of facility
      - ★ Enter "Signature" (Type in Name)
      - ★ Print (for your records)
      - ★ Click on Submit
   b. If there are changes:
      - ★ Click on "Correction"
      - ★ Type in name of facility
      - ★ Type in county of facility
      - ★ Type/Click all changes only (*Everything else will be assumed is correct.*)
      - ★ Enter "Signature" (Type in Name)
      - ★ Print (for your records)
      - ★ Click on Submit
   c. If have new equipment to report or report a piece of equipment that was omitted
      - ★ Click on "New Equipment/Listing"
      - ★ Follow directions for "Correction" but enter all known fields for new equipment

3. If more than one of same type of equipment needs to be reported, report each unit on a separate form following the appropriate directions. If making corrections, please identify equipment by either their name brand and type (i.e. CT scanner – GE – 4 slice) or by serial number for proper identification and correction.

4. If a type of equipment is mobile and/or shared on a half day basis, please report the usage like:
   1 half day/week OR 2 half days/week

5. Please make sure you have typed in the name of the facility prior to submission. Without the name, there is no way of knowing who is submitting the registration. There is also no way of determining where the transmission came from.

6. Upon receipt of electronic submission, a confirmation will be sent to the listed contact person by Alecia Craighead within two (2) business days. If a receipt has not been received, contact Ms. Craighead for follow up (phone: 615-253-2782 email: alecia.l.craighead@state.tn.us). Submissions have been lost in cyber space in the past. Receiving a confirmation ensures that your data is received and recorded timely.

Notes:

✷ The registration of equipment pertains to all Computed Tomographers, Magnetic Resonance Imagers, Linear Accelerators, Lithotripters, and Positron Emission Tomographers that your facility owns, leases, or shares.

✷ If a facility utilizes equipment at separate locations (i.e. different physical addresses), each location must report their equipment separately.

✷ If at any time the reported contact person leaves before the next annual update, please inform Ms. Craighead of the departure and/or replacement so future correspondence can be received.

✷ If the piece of equipment is sitting on/in a truck parked outside the health facility, it's a **mobile** unit even if it's permanently there. In the case of lithotripters that "live" at the health facility but are mobile, label those as **mobile/fixed** especially if they are on a lease term for limited number of days per week.