

Time: _____

—→ Complete P	art 1 for EMERGENCY DETENTION for immediate examination for emergency admission		
•	art 2 for the 1st Certificate of Need for EMERGENCY INVOLUNTARY ADMISSION		
— Complete Participation	art 3 for the 2nd Certificate of Need for EMERGENCY INVOLUNTARY ADMISSION		
EMERGENCY DETENTION FOR IMMEDIATE EXAMINATION FOR EMERGENCY ADMISSION			
am a (check one):			
Licensed physic Licensed psych	ologist with health service provider designation tall Health Professional (QMHP), as identified in Tenn. Code Ann. § 33-1-101 and found on A of this form, designated by the TDMHSAS Commissioner as a mandatory		
detained under Tendetermine whether	ode Ann. § 33-6-401,, referred to below as "person", shall be n. Code Ann. § 33-6-402 for immediate examination under Tenn. Code Ann. § 33-6-404 to the person is subject to admission to a hospital or treatment resource under Tenn. Code Ann. gency diagnosis, evaluation, and treatment under Title 33, Chapter 6, Part 4, Tenn. Code Ann.		
the person poses an mental illness or ser observed or have re suicide, other bodily	ieve that the person identified above has a mental illness or serious emotional disturbance, AND imminent substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the ious emotional disturbance, as evidenced by the following behavior by the person which I have ason to believe is true: (Specifically, include behavior which shows threats or attempts at homicide, harm, or behavior placing others in reasonable fear of violent behavior, or which shows that the avoid severe impairment or injury from specific risks.)		
Date:			
Disposition (i.e. releas	sed, transferred, transported to CSU, admitted, etc.):		
oate:	Signature:		

Printed Name: _____

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Check Here to RESCIND
(requires a new examination)
Date: _____Time: ____

SIGNATURE OF EXAMINING PROFESSIONAL

FIRST CERTIFICATE OF NEED FOR EMERGENCY INVOLUNTARY ADMISSION UNDER TITLE 33, CHAPTER 6, PART 4, TENNESSEE CODE ANNOTATED

PART 2

	, of the County of	,	
	PRINT NAME OF EXAMINING PROFESSIONAL		
	State of Tennessee, certify that I personally examined		
	on, at AM / PM.		
_	DATE YEAR TIME		
1	Please check (1), (2), or (3) as appropriate and check that the requirements outlined under that section were follows		
	(1) I am a Qualified Mental Health Professional (QMHP), as defined under Tenn. Code Ann. § 33-1-101(20) who has been designated by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Commissioner as a Mandatory Pre-Screening Agent (MPA).*		
	*A TDMHSAS Commissioner-designated MPA must have mental health experience with children in order to complete a certificate of need on a child. OR		
	(2) I am not a TDMHSAS Commissioner-designated MPA and, I am a (check one of first two (2) boxes below and then check the following two (2) boxes to confirm compliance with Tenn. Code Ann. § 33-6-105):		
	Licensed physician, OR		
	Licensed psychologist designated as a health service provider,		
	AND I have completed this certificate because a mandatory pre-screening agent was not availated within 2 hours,	ble	
	I have consulted with the mental health crisis team in my area and have determined that available less drastic alternatives to placement in a hospital or treatment resource are unto meet the needs of the person as indicated in Section B , # 4 below.		
	I spoke with(TITLE/AGE	NCY).	
	OR		
	(3) Pursuant to T.C.A. § 33-6-426(b), I am admitting this patient on an involuntary basis for care and treatment with only my assessment and this CON as the basis. I (admission only valid if all are checked and true):		
	Am a licensed physician and am board certified as a psychiatrist by the American Board o and Neurology	f Psychiatry	
	Am not related by blood, marriage, or adoption, or the legal guardian, conservator, or leg custodian of the person who is subject to this certificate,	al	
	Do not have an ownership interest in the private facility where the person is to be admitted AND	ed,	
	Am not employed or contracted with the admitting hospital or treatment resource.		
	A Certificate of Need signed pursuant to T.C.A. § 33-6-426(b) is not applicable for admission to a state-owned or operated hospital or treatment resource or a hospital or treatment resource that contracts with TDMHSAS.		
3	In my professional opinion, based on the examination and the information provided, I certify that this person is subject to the control of th		
	involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:	ıe	
	1. has a mental illness or serious emotional disturbance as defined in Tenn. Code Ann. § 33-1-101(19) and (22), list known mental illness or serious emotional disturbance history and current signs/symptoms): Mental illness is a psychiatric disorder, alcohol dependence or drug dependence; does not include intellectual and/or developmental disabilities. Serious emotional disturbance is a condition in a child who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria, that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.		

Nam	of person examined: Date: FIRST CERTIFICATE OF NEED - PART 2 CONTINUED		
В	2. AND, poses an imminent substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance (detail specific behavior substantiating this requirement): A person "poses an imminent substantial likelihood of serious harm" IF AND ONLY IF the person: • has threatened or attempted suicide or to inflict serious bodily harm on such person, or • has threatened or attempted homicide or other violent behavior, or • has placed others in reasonable fear of violent behavior and serious physical harm to them, or • is unable to avoid severe impairment or injury from specific risks, AND • there is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.		
	3. AND, needs care, training, or treatment because of the mental illness or serious emotional disturbance (describe what makes care, training, or treatment necessary):		
	4. AND, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person (list alternatives considered and rationale for rejection of all alternatives):		
С	Having certified that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated, I further certify that this patient:		
	 □ May be transported to a TDMHSAS designated telehealth location for a second certificate of need (CON) examination; ○ Requires direct transportation to an admitting psychiatric facility for a second certificate of need (CON) examination; ○ AND □ (1) May be transported to an admitting psychiatric facility or TDMHSAS designated telehealth location for second CON examination pursuant to Tenn. Code Ann. § 33-6-901 by an available friend, neighbor, mental health professional familiar with the individual, relative, or a member of the clergy because the patient does not require physical restraint or vehicle security AND does not pose a reasonable risk of danger to the patient's self or others for purposes of transport; ○ OR □ (2) May be transported to an admitting psychiatric facility or TDMHSAS designated telehealth location for second CON examination by ambulance or secondary transportation agent designated by the sheriff because the patient does not require physical restraint or vehicle security for purposes of transport; OR □ (3) Must be transported to an admitting facility or TDMHSAS designated telehealth location for second CON evaluation by sheriff/law enforcement because the patient poses a reasonable risk of danger to the patient's self or others AND requires physical restraint and vehicle security for purposes of transport; or transport options (1) and (2) above are unavailable. 		
D	WITH MY SIGNATURE:		
	 I conclude that this person is subject to admission to a hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated. The information is accurate and based upon my (check one): FACE-TO-FACE examination of the individual I understand that completion of this certificate of need initiates a process, which may result in deprivation of an individual's liberty for the purposes of care, training, or treatment. I understand that to willfully provide inaccurate information on this certificate of need constitutes a crime. 		
	PRINT NAME OF EXAMINING PROFESSIONAL SIGNATURE OF EXAMINING PROFESSIONAL ()		
	DATE TIME PHONE NUMBER		

lame o	of person examined:	Date:	
Α	I am a licensed physician. OR		
		ed by Tenn. Code Ann. § 33-6-407(a) and a licensed physician complet-	
		d the information provided, I certify that this person is subject to Part 4, Tennessee Code Annotated because, as shown by the	
	(list known mental illness or serious emotional distumental illness is a psychiatric disorder, alcohol dependevelopmental disabilities. Serious emotional disturbashad a diagnosable mental, behavioral, or emotion criteria, that results in functional impairment which serious emotions.	as defined in Tenn. Code Ann. § 33-1-101(19) and (22), urbance history and current signs/symptoms): ndence or drug dependence; does not include intellectual and/or bance is a condition in a child who at any time during the past year nal disorder of sufficient duration to meet psychiatric diagnostic substantially interferes with or limits the child's role or functioning as any mental disorder, regardless of whether it is of biological	
	illness or serious emotional disturbance (detail specifical A person "poses an imminent substantial likelihood on the hasthreatened or attempted suicide or to in the hasthreatened or attempted homicide or others in reasonable fear of viole is unable to avoid severe impairment or inju	of serious harm" IF AND ONLY IF the person: If lict serious bodily harm on such person, or It is the result of the serious physical harm to them, or	
3. AND, needs care, training, or treatment because of the mental illness (describe what makes care, training or treatment necessary):			
	4. AND, all available less drastic alternatives to placeme needs of the person (list alternatives considered and	ent in a hospital or treatment resource are unsuitable to meet the rationale for rejection of all alternatives):	
	WITH MY SIGNATURE:		
С	a hospital or treatment resource under Title 33, Chapter 6, Part 4, ate and based upon my (check one):		
	FACE-TO-FACE examination of the individual	TELEHEALTH examination of the individual	
 I understand that completion of this certificate of need initiates a process, which may result in deprivation individual's liberty for the purposes of care, training, or treatment. I understand that to willfully provide in information on this certificate of need constitutes a crime. 			
	PRINT NAME OF EXAMINING PROFESSIONAL	SIGNATURE OF EXAMINING PROFESSIONAL	
	DATE TIME	() PHONE NUMBER	