



- Complete Part 1 for **EMERGENCY DETENTION** for immediate examination for emergency admission
- Complete Part 2 for the 1st Certificate of Need for **EMERGENCY INVOLUNTARY ADMISSION**
- Complete Part 3 for the 2nd Certificate of Need for **EMERGENCY INVOLUNTARY ADMISSION**

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**EMERGENCY DETENTION  
FOR IMMEDIATE EXAMINATION FOR EMERGENCY ADMISSION**

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I am a (check one):

- Law enforcement officer authorized to make arrest in Tennessee
- Licensed physician
- Licensed psychologist with health service provider designation
- Qualified Mental Health Professional (QMHP), as identified in Tenn. Code Ann. § 33-1-101 and found on page 2, section A of this form, designated by the TDMHSAS Commissioner as a mandatory pre-screening agent

Pursuant to Tenn. Code Ann. § 33-6-401, \_\_\_\_\_, referred to below as “person”, shall be detained under Tenn. Code Ann. § 33-6-402 for immediate examination under Tenn. Code Ann. § 33-6-404 to determine whether the person is subject to admission to a hospital or treatment resource under Tenn. Code Ann. § 33-6-403 for emergency diagnosis, evaluation, and treatment under Title 33, Chapter 6, Part 4, Tenn. Code Ann.

I have reason to believe that the person identified above has a mental illness or serious emotional disturbance, AND the person poses an imminent substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance, as evidenced by the following behavior by the person which I have observed or have reason to believe is true: *(Specifically, include behavior which shows threats or attempts at homicide, suicide, other bodily harm, or behavior placing others in reasonable fear of violent behavior, or which shows that the person is unable to avoid severe impairment or injury from specific risks.)*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Time: \_\_\_\_\_

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

**Disposition** (i.e. released, transferred, transported to CSU, admitted, etc.):

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Time: \_\_\_\_\_

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 \_\_\_\_\_  
PRINT NAME OF PERSON EXAMINED  
on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ AM PM  
DATE YEAR TIME

**A**

**Please check (1), (2), or (3) as appropriate and check that the requirements outlined under that section were followed:**

(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** available within 2 hours,

**AND** I have consulted with the mental health crisis team in my area and have determined that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person as indicated in **Section B, # 4** below.

I spoke with \_\_\_\_\_ (STAFF NAME) \_\_\_\_\_ (TITLE/AGENCY).

**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):

**AND** Am a licensed physician and **am board certified** as a psychiatrist by the American Board of Psychiatry and Neurology

**AND** Am not related by blood, marriage, or adoption, or the legal guardian, conservator, or legal custodian of the person who is subject to this certificate,

**AND** Do not have an ownership interest in the private facility where the person is to be admitted,

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.**

**B**

In my professional opinion, based on the examination and the information provided, I certify that this person is subject to 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:

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.

**B**

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**):

**C**

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;  
**OR**  
 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 ambulance, secondary transportation agent designated by the sheriff, 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) Must be transported to an admitting facility or TDMHSAS designated telehealth location for second CON evaluation by sheriff or secondary transportation agent designated by the sheriff pursuant to Tenn. Code Ann. § 33-6-901(d) 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 option (1) is 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):
 

<b>FACE-TO-FACE</b> examination of the individual	<b>TELEHEALTH</b> examination of the individual
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- 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	PHONE NUMBER

Name of person examined: \_\_\_\_\_ Date: \_\_\_\_\_

**A** I am a licensed physician.  
 OR  
 I am a qualified advanced practice provider as defined by Tenn. Code Ann. § 33-6-407(a) and a licensed physician completed the First Certificate of Need/Part 2 of this Form.

**B** In my professional opinion, based on the examination and the information provided, I certify that this person is subject to 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:

- 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.
- 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.
- AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance **(describe what makes care, training or treatment necessary):** \_
- 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):**

**C** 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):
 

<input type="checkbox"/> <b>FACE-TO-FACE</b> examination of the individual	<input type="checkbox"/> <b>TELEHEALTH</b> 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	PHONE NUMBER