

Table 6C: Operating Room Need Determination*

| Service Area | Operating Room Need Determination** | Certificate of Need Application Deadline*** | Certificate of Need Beginning Review Date |
|---|--|--|--|
| Brunswick | 2 | To be determined | To be determined |
| Durham | 4 | To be determined | To be determined |
| Orange | 3 | To be determined | To be determined |
| Wake | 3 | To be determined | To be determined |
| It is determined that there is no need anywhere else in the state and no other reviews are scheduled. | | | |

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-1 (see Chapter 4).

*** Application deadlines are absolute. The filing deadline is 5:30 p.m. on the application deadline date (see Chapter 3).