

**Table 6C: Operating Room Need Determination\*\*\***

<b>Operating Room Service Area</b>	<b>Operating Room Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Forsyth	2	To be determined	To be determined
Mecklenburg	8	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.			

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* Draft need determinations do not reflect any caps that may be placed on need determinations in a specific service area. The cap, if any, has yet to be determined.