

**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	10	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.