

Table 5B: Acute Care Bed Need Determination*

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Alamance	27	To be determined	To be determined
Buncombe/Clay/Graham/Madison/Yancey	48	To be determined	To be determined
Cumberland	40	To be determined	To be determined
Durham	90	To be determined	To be determined
Forsyth/Yadkin	86	To be determined	To be determined
Mecklenburg	86	To be determined	To be determined
Onslow	24	To be determined	To be determined
Orange	52	To be determined	To be determined
Wake	85	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.