

Table 9Y: Fixed Cardiac Catheterization Equipment Need Determination
(Proposed for Certificate of Need Review Commencing in 2018)

It is determined that the service areas listed in the table below need additional fixed cardiac catheterization equipment as specified.

Cardiac Catheterization Service Area	Fixed Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Buncombe/Graham/Madison/Yancey	1	To be determined	To be determined
It is determined that there is no need for additional fixed cardiac catheterization equipment 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).

Table 9Z: Shared Fixed Cardiac Catheterization Equipment Need Determination

(Proposed for Certificate of Need Review Commencing in 2018)

It is determined that the service areas listed in the table below need additional shared fixed cardiac catheterization equipment as specified.

Cardiac Catheterization Service Area	Shared Fixed Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional shared fixed cardiac catheterization equipment 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).

Table 9AA: Mobile Cardiac Catheterization Equipment Need Determination
(Proposed for Certificate of Need Review Commencing in 2018)

It is determined that the service areas listed in the table below need additional mobile cardiac catheterization equipment as specified.

Cardiac Catheterization Service Area	Mobile Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional mobile cardiac catheterization equipment 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).