

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

<b>Service Area</b>	<b>Operating Room Need Determination</b>	<b>Certificate of Need Application Deadline**</b>	<b>Certificate of Need Beginning Review Date</b>
Henderson	5	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.