

Table 9D: Dialysis Station Need Determination by County

County	HSA	Number of Dialysis Stations, Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Onslow	III	11	To be determined	To be determined
It is determined, based on the County Need portion of the methodology, 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 (see Chapter 3).