Table 17E-3: Fixed MRI Scanner Need Determination*

| Services Areas | Fixed MRI Scanners Need Determination** | Certificate of Need Application Due Date*** | Certificate of Need Beginning Review Date |
|---|---|---|---|
| Alamance | 1 | To be determined | To be determined |
| Durham/Caswell | 1 | To be determined | To be determined |
| Guilford | 1 | To be determined | To be determined |
| Mecklenburg | 1 | To be determined | To be determined |
| Pasquotank/Camden/Currituck/Perquimans | 1 | 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. | | | |

(Proposed for Certificate of Need Review Commencing in 2020)

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** 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).