Table 17A-4: Fixed Cardiac Catheterization Equipment Need Determination

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	2	To be determined	To be determined	
Cabarrus	1	To be determined	To be determined	
Haywood	1	To be determined	To be determined	
New Hanover	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.				

^{*} Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-1 (see Chapter 4).

Table 17A-5: Shared Fixed Cardiac Catheterization Equipment Need Determination

Cardiac Catheterization Service Area	Shared 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 anywhere 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-1 (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).

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