Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Anson	9	To be determined	To be determined
Buncombe/Graham/Madison/Yancey	26	To be determined	To be determined
Cabarrus	31	To be determined	To be determined
Durham/Caswell/Warren	38	To be determined	To be determined
Mecklenburg	89	To be determined	To be determined
Orange	26	To be determined	To be determined
Union	46	To be determined	To be determined
Wake	70	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.			

## **Table 5B: Acute Care Bed Need Determination\***

\* 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 <u>5:00</u> <u>p.m.</u> on the application deadline date.