Table 15A-4: Fixed Cardiac Catheterization Equipment Need Determination*

Service Area	Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Haywood	1	To be determined	To be determined
Johnston	1	To be determined	To be determined
New Hanover	1	To be determined	To be determined
Wayne	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.			

^{*} 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 p.m.</u> on the application deadline date.