Table 15E-4: Fixed MRI Scanner Need Determination*

Fixed MRI Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
15	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
1	To be determined	To be determined
	Scanner Need Determination 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Scanner Need Determination 1 To be determined

^{*} 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.