Table 15F-4: Dedicated Fixed PET Scanner Need Determination\*

Service Area	Dedicated Fixed PET Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA I	1	To be determined	To be determined
HSA II	1	To be determined	To be determined
HSA IV	2	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.			

<sup>\*</sup> Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

<sup>\*\*</sup> Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is <u>5:00</u> p.m. on the application deadline date.