



Maine Hospice Council and Center for End-of-Life Care  
295 Water Street, Suite 303  
PO Box 2239  
Augusta, ME 04338  
Ph: 207-626-0651/Fax: 207-622-1274  
[info@mainehospicecouncil.org](mailto:info@mainehospicecouncil.org)

## **User Agreement for In-House Printing of Maine POLST Form**

To Whom It May Concern:

The Maine Hospice Council and Center for End-of-Life Care is responsible for administering the Physician Orders for Life-Sustaining Treatment (POLST) program for Maine, on behalf of the Maine POLST Coalition. At this time, we are asking that a healthcare professional, or organization, request permission to use the POLST PDF to print their own forms in-house. The Maine Hospice Council and Center for End-of-Life Care/Maine POLST Coalition grants such permission to those who can be assured of meeting the following standardized printing requirements:

- Form is printed on 24lb Lime Green cardstock in black ink on a single page- double sided.
- Print quality is clear and legible.
- Confirms with the Maine POLST Program Coordinator ([info@mainehospicecouncil.org](mailto:info@mainehospicecouncil.org)) on an annual basis that the most recent POLST form is being printed.

The purpose of this policy is to ensure that health care professionals later using the form will recognize it in the identical format. Otherwise, there may be concerns by the responder regarding the validity of the orders.

In granting permission to print from the PDF, we request feedback from you as to how the implementation process and subsequent form use is working. Please contact us at [info@mainehospicecouncil.org](mailto:info@mainehospicecouncil.org) and provide feedback on the following questions:

- Is your facility competent in administration of POLST? (i.e., understanding of POLST appropriate patients, experience with goals of care conversations, confident in explanation of form options to patients, etc)
- Does your facility have metrics in place to track patients with POLST orders?
- Does your facility have a staff member or volunteer interested in representing you on the Maine POLST Coalition?

Thank you for your support of the POLST program and your feedback. We look forward to hearing from you and helping to grow your POLST program within the State of Maine.

Sincerely,

Kandyce Powell  
POLST Program Coordinator  
Maine POLST Coalition  
Maine Hospice Council and Center for End-of-Life Care

# POLST MAINE

*Physician Orders for Life-Sustaining Treatment*

295 Water Street, Suite 303  
PO Box 2239  
Augusta, ME 04338  
Ph: 207-626-0651/Fax: 207-622-1274  
[www.polstmaine.org](http://www.polstmaine.org)  
[info@mainehospicecouncil.org](mailto:info@mainehospicecouncil.org)

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Dept. Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

---

For Program Coordinator Only:

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Form sent by: Email/Fax/Mail/Other on \_\_\_\_\_.