

## Signature Requirements for a Valid POLST Form by State

POLST forms are medical orders and must be signed by a health care professional to be valid. This chart documents which health care professionals are permitted to sign POLST forms in each state; whether patients are required to sign, attest, or have their consent witnessed; and if a surrogate can sign a POLST form for an incapacitated patient.

Remember:

1. POLST form completion is always voluntary and should never be mandated.
2. Completion of a POLST form without patient or surrogate knowledge is contrary to the purpose and intent of POLST and violates informed consent and principles of person and family-centered care.
3. The POLST form is designed to document treatment decisions made after shared-decision making conversations between a patient and his/her health care professional.
4. National POLST strongly encourages training of all health care professionals who complete POLST forms.

Please review National POLST's [Appropriate POLST Form Use Policy](#) for additional information.

### Important notes about each category of signer:

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1. **Patient.** National POLST strongly recommends, but does not require, the patient's signature, attestation, or witnessed verbal consent on POLST forms.
2. **Surrogate.** Different states use different terms to describe a surrogate or health care proxy or agent; more information is available [here](#). In the table below, a check mark (✓) indicates that a surrogate is permitted to sign when the patient lacks capacity.
3. **Advanced Practice Registered Nurse** here includes: Nurse Practitioners (NP), Advanced Practice Registered Nurses (APRN) or Advanced Registered Nurse Practitioner (ARNP). Different states use different terms; check for specifics on state website.

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State	Patient	Surrogate permitted (if patient lacks capacity)	Physician (MD/DO)	Physician Assistant (PA)	Advanced Practice Registered Nurse (NP, APRN, ARNP)	Registered Naturopaths (ND)
Alabama						
Alaska			✓			
Arkansas	✓	✓				
Arizona	✓	✓	✓	✓	✓	
California	✓	✓	✓	✓	✓	
Colorado	✓	✓	✓	✓	✓	
Connecticut	✓	✓	✓	✓	✓	
Delaware	✓	Yes, except <b>a</b>	✓	✓	✓	
District of Columbia	✓	✓	✓		✓	
Florida	✓	✓	✓			
Georgia	✓	Yes, except <b>b</b>	✓			
Hawaii	✓	✓	✓		✓	
Idaho	✓	✓	✓	✓	✓	
Illinois	✓	✓	✓	✓	✓	
Indiana	✓	✓	✓	✓	✓	
Iowa	✓	✓	✓	✓	✓	
Kansas	✓	✓	✓			
Kentucky	✓	✓	✓			
Louisiana	✓	✓	✓			
Maine	†	✓	✓	✓	✓	
Maryland			✓	✓	✓	
Massachusetts	✓	✓	✓	✓	✓	
Michigan	✓	✓	✓	✓	✓	
Minnesota	†	✓	✓	✓	✓	
Mississippi	✓	✓	✓			
Missouri	✓	✓	✓			
Montana	✓	✓	✓	✓	✓	
North Carolina	✓	✓	✓	✓	✓	
North Dakota	✓	✓	✓	✓	✓	
Nebraska	✓	✓	✓			
Nevada	✓	✓	✓	✓	✓	
New Hampshire	✓	✓	✓		✓	
New Jersey			✓		✓	
New Mexico	✓	✓	✓	✓	✓	
New York	See note <b>e</b>	✓	✓	✓	✓	
Ohio	✓	✓	✓	✓	✓	
Oklahoma	✓	✓	✓			
Oregon	‡	✓	✓	✓	✓	✓
Pennsylvania	✓	✓	✓	✓	✓	
Rhode Island	✓	✓	✓	✓	✓	
South Carolina	✓	✓	✓	✓	✓	
South Dakota	✓	✓	✓	✓	✓	
Tennessee	‡	✓	✓	✓	✓	
Texas	‡	✓	✓			
Utah	✓	✓	✓	✓	✓	
Vermont		✓	✓	✓	✓	
Virginia	✓	Yes, except <b>c</b>	✓	✓	✓	
Washington	✓	✓	✓	✓	✓	
Wisconsin	‡	✓	✓		✓	
West Virginia	✓	Yes, except <b>d</b>	✓	✓	✓	
Wyoming	✓	✓				

(a) **Delaware:** May sign unless patient completes section indicating surrogate is prohibited from changing the form.

(b) **Georgia:** Some restrictions on surrogate ability to modify or void the POLST form.

(c) **Virginia:** Surrogates may not reverse a DNR order on a POST form if the DNR order was originally signed by the patient.

(d) **West Virginia:** Patient must give surrogate authority to change a POLST form.

(e) **New York:** Form must either have patient's signature or two names listed as witnesses to patient's verbal consent.

† National POLST does not support or encourage limiting a surrogate's ability to update or void a POLST form.

‡ Patient signature, attestation, or witnessed verbal consent is not required but is strongly recommended by POLST Program.