



NOMINATION FORM

I would like to nominate _____ from the _____ unit/department as a deserving recipient of **The DAISY Award**. This nurse's clinical skill and especially her/his compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

- Service Excellence
- Superior Clinical Practice
- Mentor
- Positive Outlook
- Commitment

Please describe a situation involving the nurse you are nominating that clearly demonstrates he/she meets the criteria for

The DAISY Award:

Thank you for taking the time to nominate an extraordinary nurse for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominated is chosen.

Your Name _____ Unit _____ Phone _____

Email _____ Pager _____

I am (please check one): RN ___ Patient ___ Family/Visitor ___ MD ___ Staff ___ Volunteer ___

Date of nomination _____

Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

All nominations will be reviewed by the Leadership Council and the Daisy Award will be presented quarterly. For example, nominations received in October, November and December will be reviewed and the winner for that quarter will be announced in early January. Please submit your nomination into one of our conveniently located drop boxes. If you have any questions, please contact Penny Gravenor at extension 1628.

