



In collaboration with



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:

DAISY Award Criteria:

- Demonstrates compassionate patient focused care
- Acts as a role model and team player for nurses
- Demonstrates commitment to service excellence
- Makes a positive difference in the lives of our patients

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 _____ Phone _____

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

Date of nomination _____

Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

Please submit this nomination in the DAISY Box located at the front lobby reception area or mailbox area. If you have any questions, please contact Karen Collins, CNO, 985-632-8285

