



In Collaboration With   
The American Organization of Nurse Executives

## 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:

- Patient & Family Advocate
- Patient Centered Care
- Innovative
- Resource for Staff
- Compassionate
- Excellence in Quality

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

**The DAISY Award:**

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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 \_\_\_\_\_

Nominations received by the 15th of the month will be considered for the following month's **DAISY Award**.

Please submit this nomination to Rick Martin's Office. If you have any questions, please contact Teresa Hill at ext. 48291.

