The DAISY Award for Extraordinary Nurses

NOMINATION FORM

Name of the nurse you are nominating:

______________________________

Unit where this nurse works: ________________________________

Date of nomination: ________________________________

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 be chosen.

Your Name: ________________________________

Unit: ________________________________ Phone/ Pager: ________________________________

Email: ________________________________

I am (please check one):  RN ___  Patient ____  Family/Visitor ____

MD ___  Staff ____   Volunteer _____

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

Please complete this form and place it in Daisy nomination box or submit it to a department representative. If you have any questions, please contact a Manager/Supervisor.

Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: ________________________________

Title: ________________________________