



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: _____

Please describe a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care.
