



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 and a nurse that performs above and beyond. She/he consistently meets all of the following criteria:

- Kind Caring Compassionate Sympathetic
- Friendly Good Listener, Understanding Energetic

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 _____

Nominations received by the 15th of the month will be considered for the following month's **DAISY Award**. Please submit this nomination to the charge nurse. If you have any questions, please contact Deborah Del Favero, **ext. 6880**.

