



In Collaboration With



NOMINATION FORM

I would like to nominate _____ staffing at the _____ facility 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:

- Commitment to quality, compassionate patient care
- Willingness to go above and beyond the call of duty
- Attentiveness to the personal aspects of patient care
- Extraordinary consideration for patients' wellbeing

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 _____

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 O.R. Nurses, Inc. If you have any questions, please contact Jessica Bordwell at (901) 682-2900.

