



## DAISY AWARD 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:

- **Goes above and beyond to care for the needs of the patient and family**
- **Has a positive attitude and demonstrates professionalism**
- **Job performance exemplifies the mission, vision and values of DRMC**
- **Is thoughtful, compassionate and caring in all situations**
- **Is energetic and passionate about patient care**
- **Takes time to educate and include the patient and family during the care process**

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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**\*\*Please use the back of this form, or attach another sheet, for additional space to describe how this nurse exemplifies the criteria for this award.\*\***

Thank you for taking the time to nominate an extraordinary nurse. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominate be chosen.

Your Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Date of Nomination: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Pager: \_\_\_\_\_

I am (please check one): Nurse  Patient  Family/Visitor  Physician  Staff  Volunteer

Manager Acknowledgement: I acknowledge that this nurse is in good standing.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**Please place all completed nomination forms in the Ballot Box. A Daisy Award Winner will be selected every quarter. Again, we thank you for taking the time to nominate an extraordinary nurse.**

