



In collaboration with



NOMINATION FORM

I would like to nominate _____ from the _____ unit/department as a deserving recipient of **The DAISY Award**. This employee's clinical skill and especially her/his compassionate care exemplify the kind of person that our patients, their families, and our staff recognize as an outstanding role model. This award is to acknowledge an employee's interaction with patients and their families. She/he consistently meets the following criteria:

Role Model

Compassionate

Skilled

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 employee 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 _____ Cell Phone _____

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 5th of the month will be considered for the following month's **DAISY Award**.

Please submit this nomination to **DaisyAward@swedishamerican.org**. If you have any questions, please contact **Paula Culvey MSN, RN @64044** or email at **pculvey@swedishamerican.org**.

