The DAISY Award for Extraordinary Nurses Nomination Form

I would like to nominate______________________________________________ from the ___________________________ unit/department as a deserving recipient of The DAISY Award. This nurse’s clinical skills 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:

• **Uncompromising commitment to compassionate, ethical, quality patient care.**
• **Dedication to provide extraordinary service with each opportunity.**
• **Commitment to enhancing quality of life.**
• **Respect for everyone.**

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 nominate be chosen.

Name__________________________________________________ Unit_____________
Phone__________________________ Email______________________
Pager_____________
I am (please check one :) Nurse______ 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.

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

Signed: ________________________________
Title __________________________________

Please submit this nomination to Professional Development Council Zip 7561

Mail Outside of Hospital:
The Nebraska Medical Center
Clarkson Tower
Professional Development Council (DAISY)
4350 Dewey Ave
Omaha NE  68105-7580