



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:

Leads by example
Listens with his/her heart
Illustrates our core values

Takes care of the entire patient
Goes above and beyond
Does not pass the buck

Excellent team player
Knows the value of the little things
Exhibits extraordinary skills and knowledge

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 be chosen.

Your Name: _____ Unit _____

Phone _____ Email _____

I am (please check one):

RN _____ Patient _____ Family/Visitor _____ MD _____ Staff _____ Volunteer _____

Date of nomination: _____

This nomination may be given to any CHI St. Vincent employee or Nurse Manager who will forward the nomination to Human Resources. Information and additional forms at www.chistvincent.com/Nursing or call 501-552-3774.

Nominations received by the 15th of the month will be considered for the following month's **DAISY Award**.

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