



Nomination Form

I would like to nominate _____ from the _____ 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:

Criteria: This registered nurse established a special connection with patients, families and/or colleagues through trusting relationships and emotional support.

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 is chosen.

Your name:

Date:

Phone:

Email:

I am (please check one):

RN

Patient

Family/Visitor

MD

Staff

Volunteer

Mail or FAX form to:

DAISY Award

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