



# Nomination Form

I would like to nominate (*NAME*) from the (*NAME OF DEPARTMENT*) 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.

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 is chosen.

Your Name \_\_\_\_\_ Unit \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Pager \_\_\_\_\_

I am (please check one):  
RN \_\_\_\_\_ Patient \_\_\_\_\_ Family/Visitor \_\_\_\_\_ MD \_\_\_\_\_ Staff \_\_\_\_\_ Volunteer \_\_\_\_\_

Date of nomination: (*DATE*) \_\_\_\_\_

### **MANAGER ACKNOWLEDGEMENT**

I acknowledge that this nurse is in good standing

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

To be considered for the DAISY AWARD, please send your nomination forms along with a *brief summary describing a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care / a patients care* and submit to **Jennifer Smith, Assistant Director of Nursing, H-Green, Room 440 by October 31, 2015**. The winner will be selected by the Nomination Team by November 30, 2015.

If you have any questions, please contact Jennifer Smith at 2-3451, by email @ [smithje1@uhnj.org](mailto:smithje1@uhnj.org) or contact H-Green Nursing Desk at 2-5638



