



Nomination Form

I would like to nominate _____ from the _____ unit/department at _____ (name of hospital) 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 demonstrates the following values:

Please Check All That Apply:

Compassion Collaboration Integrity Quality Respect Stewardship

Please describe a situation involving the nurse you are nominating that clearly demonstrates how he/she meets the criteria for **The DAISY Award**: *(Please feel free to attach another page with additional comments.)*

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 that you nominated be chosen.

Your Name _____ Unit _____ Phone _____

Email _____ Pager _____

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

Date of nomination: _____

Manager Acknowledgment (to be completed by SIH personnel)

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

Nominations are reviewed and announced quarterly for the **DAISY Award**.

Please submit this nomination to: Memorial Hospital of Carbondale, Nursing Administration, Attn: Sarah Vannoy, 405 W. Jackson St., Carbondale, IL 62901, by fax to 618-529-0449. If you have any questions, please contact Casey Button, 618-549-0721 ext. 65427.