

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:

- Goes above and beyond to care for the needs of the patient and family
- Has a positive attitude and demonstrates professionalism
- Is thoughtful, compassionate, and caring in all situations
- Is energetic and passionate about patient care
- Takes time to educate and include the patient and family during the care process

Please describe a specific situation or story that involves the nurse you are nominating, which clearly demonstrates she/he meets the criteria for the Daisy Award. Please place completed form in the **Daisy Collection box** or mail to: St. Elizabeth's Hospital, ATTN: Staff Development, 211 S. Third St., Belleville, IL 62220 or email to: **SEB-DaisyAwardNominations@hshs.org**.

**Please use the back of this form, or attach another sheet, if you need additional space.

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 _____

Phone _____ Email _____

I am (please check one):

Patient _____ Family/Visitor _____ MD _____

Date of nomination: _____

