



In Collaboration With 
The American Organization of Nurse Executives

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 the following criteria:

- Has a positive attitude and demonstrates professionalism
- Collaborates with the health care team to meet the patient's needs
- Establishes a special professional connection with patients and families through compassion, trust, and emotional support
- Models good assessment skills and decision-making capabilities
- Demonstrates flexibility and excellent interpersonal skills with peers and co-workers
- Consistently focuses on meeting patient and family goals

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 _____ Phone _____

Email _____ Pager _____

I am (please check one): Patient _____ Family/Visitor _____ Physician _____

Date of nomination _____

Manager Acknowledgement (will be completed prior to review)

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

Nominations received by the end of the month will be considered for the preceding quarter's **DAISY Award**.

Please submit this nomination to the JCMH Education Center, PO Box 8190, Altus, OK 73522 or fax to 580-379-5669. If you have any questions, contact the JCMH Education Center at 379-5660.

