



# 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 their compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model. They consistently meet all of the following criteria:

- Compassionate
- Embraces Diversity
- Nurturing
- Inspirational
- Passionate
- Collaborative

Please describe a situation involving the nurse you are nominating that clearly demonstrates they meet 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 you nominated is chosen.

Name:  Phone Number:   
Email:  Date of Nomination:

I am (please check one):

☐ RN ☐ Patient ☐ Family/Visitor ☐ MD ☐ Staff ☐ Volunteer

## Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signature

Title

Nominations are due by the last Monday of each calendar Quarter  
Please email submissions to [HR@partnersinhomecare.org](mailto:HR@partnersinhomecare.org)