



In Collaboration With



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 many aspects of the following criteria:

Fellow nurses say, "I would want this nurse to take care of my mother"

- Generates enthusiasm and energy in providing excellent care for our patient and families
- Establishes a special caring and compassionate connection with patients and families through trust and emotional support
- Has excellent clinical skills
- Works well with interdisciplinary team to provide excellent patient care
- Passionate about patient and family-centered care

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 is chosen.

Your Name _____ Unit _____ Phone _____

Email _____ Pager _____

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

Date of nomination _____

Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

Nominations received by the 1st of January, April, July and October will be considered for the quarterly **DAISY Award**.

Please submit this nomination to Jane Doerrer, Nursing Administration, Box 63. If you have any questions, please contact Sarah_Leone@URMC.Rochester.edu



1-27-2022