



Nomination Form

I would like to nominate _____ from the _____ unit/department
First Name Last Name
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 goes above and beyond the norm and meets all of the following criteria:

- Empathy • Positive • Selfless • Kindness • Extraordinary Care • Humble

Please describe a situation involving the nurse you are nominating that clearly demonstrates she/he 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: _____

Please submit nominations to: **Caitlin Rock, Nursing Administration**. If you have questions, Caitlin can be reached directly during business hours at 447-2977. Forms can be mailed to 2475 E. Broadway Helena, MT 59601. Attn: Caitlin Rock, Nursing Administration.



St. Peter's Health

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