



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 all of the following criteria:

- Courteous • Compassionate • Attentive • Approachable
- Responsive • Respectful • Empathetic • Enthusiastic

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 if 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 your completed form to the nursing station. To mail your form, send it to Amy Becher, Nursing Administration at Williamsport Regional Medical Center, 700 High Street, Williamsport, PA 17701 or email DAISYAward@SusquehannaHealth.org. If you have any questions, please call 321-2366 or ext. 22366.

