

NOMINATION FORM



Celebrate the Compassion & Care of Extraordinary Nurses

The Daisy Foundation was established in 2000 by the parents of Patrick Barnes, who died from a disease attacking his immune system (hence the name DAISY) in order to recognize the excellent nursing care that their son received while in the hospital. The Daisy Award is a nation-wide program that rewards excellence in nursing and research funding. The award is ***open to all licensed nurses*** and not just those who work in clinical areas.



See back side for nomination.

NOMINATION FORM



Celebrate the Compassion & Care of Extraordinary Nurses

The Daisy Foundation was established in 2000 by the parents of Patrick Barnes, who died from a disease attacking his immune system (hence the name DAISY) in order to recognize the excellent nursing care that their son received while in the hospital. The Daisy Award is a nation-wide program that rewards excellence in nursing and research funding. The award is ***open to all licensed nurses*** and not just those who work in clinical areas.



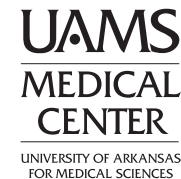
See back side for nomination.

NOMINATION FORM



Celebrate the Compassion & Care of Extraordinary Nurses

The Daisy Foundation was established in 2000 by the parents of Patrick Barnes, who died from a disease attacking his immune system (hence the name DAISY) in order to recognize the excellent nursing care that their son received while in the hospital. The Daisy Award is a nation-wide program that rewards excellence in nursing and research funding. The award is ***open to all licensed nurses*** and not just those who work in clinical areas.



See back side for nomination.

I nominate _____
from the _____
unit/department as a deserving recipient of the DAISY
Award based on:

Criteria is based foremost on *extraordinary care and compassion*, competence/skill, customer services and a continual commitment to excellence.

I am a (an)

- Patient Visitor
 Employee Physician Other

Your name _____

Phone _____

Please submit form to: Nurse Recruitment, #526.

Phone 686-5691, Fax 686-5698.



Sponsored by The DAISY Foundation

I nominate _____
from the _____
unit/department as a deserving recipient of the DAISY
Award based on:

Criteria is based foremost on *extraordinary care and compassion*, competence/skill, customer services and a continual commitment to excellence.

I am a (an)

- Patient Visitor
 Employee Physician Other

Your name _____

Phone _____

Please submit form to: Nurse Recruitment, #526.

Phone 686-5691, Fax 686-5698.



Sponsored by The DAISY Foundation

I nominate _____
from the _____
unit/department as a deserving recipient of the DAISY
Award based on:

Criteria is based foremost on *extraordinary care and compassion*, competence/skill, customer services and a continual commitment to excellence.

I am a (an)

- Patient Visitor
 Employee Physician Other

Your name _____

Phone _____

Please submit form to: Nurse Recruitment, #526.

Phone 686-5691, Fax 686-5698.



Sponsored by The DAISY Foundation