



The DAISY Award



HONORING EXTRAORDINARY NURSES

NURSING

HOW TO NOMINATE AN EXTRAORDINARY NURSE

Patients, visitors, nurses, physicians or employees may nominate a deserving nurse by filling out this form and submit it to the DAISY Coordinator at DAISYnominations@umm.edu. Nominations received by the 15th of the month will be considered for the following month's DAISY Award. If you have any questions, please contact the DAISY Coordinator at DAISYnominations@umm.edu or 410-328-7196.

NOMINATION FORM

NAME OF THE NURSE YOU ARE NOMINATING

UNIT WHERE THIS NURSE WORKS

Please describe a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care, or in the care of another. Feel free to use additional pages.

Multiple horizontal lines for writing the nomination story.

TELL US ABOUT YOURSELF

Thank you for taking the time to nominate an extraordinary, compassionate 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

DATE OF NOMINATION

PHONE NUMBER

EMAIL ADDRESS

I am: RN MD Patient Staff Volunteer Family/Visitor