



- DAISY NOMINATION FORM -

Nomination Tips: Telling a good story matters. The following are some key attributes we look for in selecting the best nomination:

- Excellence in Knowledge, Care or Compassion
- Integrity: professional in appearance and attitude, demonstrates honesty
- Teamwork: connects with patients, families, and co-workers

Question 1: Name of Nurse You Are Nominating:

First Name: _____ Last Name: _____

Question 2: Type of Nurse

- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)

Only Nurse Practitioners (NPs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs) are eligible for the DAISY Award. However, please continue with your nomination as we have other recognition programs in place to recognize members of our team beyond the DAISY Award.

Question 3: Location Where Nurse Works:

Department or Location: _____

Question 4: Please describe a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care.

If more space is needed, please attach additional sheet to nomination.

Question 5: Your Name:

First Name: _____ Last Name: _____

Question 6: I am a (please select one):

- Patient
- Family/Visitor
- RN
- Medical Provider
- Staff
- Volunteer

Question 7: Your Phone Number:

Home/Cell Phone: _____

Question 8: Your Email Address:

Email Address _____

Thank you for taking the time to nominate an extraordinary, compassionate nurse for this award.

Please complete the entire form below and mail to:

Attn: DAISY Nomination
Volunteer Office
321 Genesee Street
Oneida, NY 13421