



In Collaboration With 
The American Organization of Nurse Executives

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:

- Exceeds expectations
- Promotes a culture of excellence
- Builds healthy relationships
- Commitment to advancing the profession of nursing

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 provide us with the following information:

Your Name _____ Unit _____ Phone _____

I am (please check one): RN Patient Family/Visitor MD Staff Volunteer

Date of nomination _____

Please submit this nomination to Community Memorial Hospital, Nursing Administration – DAISY Award, W180 N8085 Town Hall Road, Menomonee Falls, WI 53051 or the completed nomination form may be dropped off at the front Information Desk. If you have any questions, please contact Angela Hoepfner, RN, Nursing Administration, at 262-257-3015 or via email at ahoepfne@communitymemorial.com.

(Hospital Completes this) Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

F-1952 (10/08)

