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 goes above and beyond the norm and meets all of the following criteria:

- Empathy
- Positive
- Selfless
- Kindness
- Extraordinary Care
- Humble

Please describe a situation involving the nurse you are nominating that clearly demonstrates she/he 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 should 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 nominations to: Caitlin Rock, Nursing Administration. If you have questions, Caitlin can be reached directly during business hours at 447-2977. Forms can be mailed to 2475 E. Broadway Helena, MT 59601. Attn: Caitlin Rock, Nursing Administration.