



## NOMINATION FORM

I would like to nominate \_\_\_\_\_ from the \_\_\_\_\_ department/facility as a deserving recipient of **The DAISY Award**. This nurse's clinical skill, and especially their compassionate care, exemplify the kind of nurse that patients, their families, and staff recognize as an outstanding role model. This nurse constantly meets all of the following criteria:

**Compassionate | Nurturing | Passionate | Inspirational | Collaborative | Embraces Diversity**

Please describe a situation involving the nurse you are nominating that clearly demonstrates how this nurse meets the criteria for **The DAISY Award**:

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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 be chosen.

Your Name \_\_\_\_\_ Date of Service \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Date of Nomination: \_\_\_\_\_

### How to Submit Nominations at CVH:

- By Mail: 301 Cedar, Attn: Shari Kuther Orofino, ID 83544
- By Email: [shari.kuther@kh.org](mailto:shari.kuther@kh.org)
- Or hand in to Nurse's Station/Front Desk



### How to Submit Nominations at SMH:

- By Mail: 701 Lewiston Street, Attn: Tracy Williams Cottonwood, ID 83522
- By Email: [tracy.williams@kh.org](mailto:tracy.williams@kh.org)
- Or hand in to Nurse's Station/Front Desk

