



# Nomination Form

I would like to nominate (*NAME*) from the (*NAME OF DEPARTMENT*) 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.

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

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: (*DATE*)



**KINGMAN REGIONAL  
MEDICAL CENTER**

*Serving Our Community with Compassion  
and Commitment*