THE DAISY AWARD
FOR EXTRAORDINARY NURSES
IN MEMORY OF J. PATRICK BARNES

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:

• Up Holding the Values of Blue Ridge HealthCare • Respect • Commitment

• Excellence • Integrity • Service

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 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 _____

BLUE RIDGE HEALTHCARE

THE DAISY FOUNDATION
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