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:

- Demonstrates compassion
- Contributes to the delivery of quality patient care
- Current license
- Registered nurse/LPN
- 1 year as RN/LPN at SMCH

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 ________________________________

Please submit this nomination to Cindy Carstens, VP of Nursing or Jodi Henkenius, Administrative Assistant OR mail to:

Stewart Memorial Community Hospital
Attn: Cindy Carstens
1301 West Main St.
Lake City, IA 51449
1-800-262-2614
www.stewartmemorial.org