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
- Nurse Practitioner/Registered nurse/LPN
- 1 year as ARNP/RN/LPN at SMCH or McCrary Rost Clinic
- Current license

Please describe a situation involving the nurse you are nominating that clearly demonstrates he/she 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.

Your Name __________________________________________________________ Phone ____________________________

Email _______________________________________________________________

I am (please check one): Patient ____ Family/Visitor ____ Volunteer ____

Date of nomination ________________________________

Please submit this nomination to Kari Jones, Chief Nursing Officer or Jodi Henkenius, Administrative Assistant OR mail to:

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