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 professionalism
- Works collaboratively with others
- Models empathy and demonstrates a caring attitude
- Has significantly “made a difference” in the life of a patient
- Uses critical thinking skills in the delivery of excellent patient care

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 _______________________

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

Date of nomination ________________________________

**Manager Acknowledgement**
I acknowledge that this nurse is in good standing.

Signed: ___________________________ Title ___________________________

Please submit this nomination to Nursing Administration. Fax to (973) 926-6652 or drop off in the office in the DAISY box. If you have any questions, please contact DAISY Coordinator Mailyn Almirante (862) 236 0665.