



Nomination Form

I would like to nominate (name) _____ 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.

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: _____

Please submit this nomination to:

Wilson Medical Center
Attn: Nursing Administration
1705 Tarboro St.
Wilson, NC 27893

DaisyAward@wilmed.org

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