



Nomination Form

I would like to nominate _____ as a deserving recipient of The DAISY Award. This nurse's clinical skill and especially their 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: _____

Phone: _____ Email: _____

Mailing Address: _____

I am (please check one):

RN: _____ Patient: _____ Family/Visitor: _____ MD: _____ Staff: _____ Volunteer: _____

Date of nomination: _____

Please mail completed forms to Three Rivers Hospital, c/o CORE Committee, PO Box 577, Brewster WA 98812. Nominations may also be sent via fax, (509) 689-2086, or via email to core@trhospital.net.

