

Nomination Form



FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

In Collaboration With



I would like to nominate:

First name _____

Last 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.

This nominee consistently meets all of the following criteria:

- Provides compassionate care through the healing of the mind, body and spirit
- Provides effective and informative communication to the patient, family and other healthcare professionals
- Outstanding teamwork exemplified by collaboration with others
- Promotes patient-centered care with a positive attitude

Please share a story that tells why this nurse is so special:

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 nominate be chosen.

Your Name _____ Unit _____

Phone _____ Email _____

I am (please check one): RN Patient Family/Visitor Physician Staff Volunteer

Date of nomination _____

Please submit this nomination to:

Princeton HealthCare System

Nursing Administration, Attention: DAISY Chair
One Plainsboro Road, Plainsboro, NJ 08536

The nomination form can be placed in the designated ballot box on each unit or at UMCPP's Concierge Desk in the lobby at the University Medical Center of Princeton at Plainsboro. If you have any questions, please contact the DAISY Committee Chair at daisyaward@princetonhcs.org.



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