



Nomination Form

I would like to nominate _____ from the _____ unit/ department for **The DAISY Award for Extraordinary Nurses**. This is the kind of nurse that patients and families, as well as the VA Eastern Colorado Health Care System staff recognize as an outstanding role model. This nurse's clinical skill and his/her compassionate care embodies these Core Values:

Integrity: Maintains the trust and confidence of all with whom she/he engages.

Commitment: Serves Veterans and their families by honoring the VA's mission.

Advocacy: Truly focuses on serving the Veteran.

Respect: Provides dignity and respect to everyone she/he serves and encounters.

Excellence: Strives for the highest quality and continuous improvement.

Please tell your story about how this nurse showed the ICARE Mission. Please provide specific examples on each of the ICARE values that this nurse exemplifies in their practice. **(*Narrative required for consideration- Attach additional pages if needed*)**

Thank you for taking the time to nominate this extraordinary nurse. Please provide your contact information so we can include you in the award celebration if your nominee is chosen.

Your Name _____ Phone _____ Email _____

Date of Nomination _____

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

Please submit this form using one of the methods below:

Hand Deliver Form to: RMR VAMC, Building K, 3rd floor, Office K3-116, ATTN: R&R Shared Governance Council
OR

Mail Form to: ATTN: Paula Cotham, R&R Shared Governance Council Chair, Nursing Service A3-118, 1700 North Wheeling Street, Aurora, CO 80045 OR use green button below to email form.