Cleveland Clinic

# THE DAISY AWARD
## Nomination Form

Name of the nurse you are nominating:

_____

Hospital/Location where nurse works:

_____

Unit where this nurse works:

_____

Please describe a specific situation or story that shows how this nurse made a meaningful difference.

_____

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Continue on back >

The DAISY Award™
FOR EXTRAORDINARY NURSES
IN MEMORY OF J. PATRICK BARNES

**Submit your nomination award to:**
Theresa Russo
9500 Euclid Avenue, Hsb-111
Cleveland, OH 44195

Or email to NursingEdAwards@ccf.org

Cleveland Clinic

# THE DAISY AWARD
## Nomination Form

Continue your story:

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Your Name: _____

Phone: _____

Email: _____

I am a: ☐ Peer ☐ Patient ☐ Family/Visitor
☐ MD ☐ Staff ☐ Volunteer

Date of nomination: _____

Thank you for taking the time to nominate one of our nurses for the DAISY Award.

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