

# The DAISY Award Nomination Form



Name of the nurse you're nominating.

Where does the nurse work at YRMC? (e.g., the unit, floor or department)

Please describe a situation or share a story that demonstrates how this nurse made a meaningful difference in your care.

**Your information** (We'll contact you if your nominee receives the DAISY Award so you can join the celebration.)

Your Name

Phone (            )

Email

I am a (please check the one that best describes you):

- Nurse    Patient    Family/visitor    Physician    YRMC employee  
 Volunteer    Community member    Other

Please email this nomination form to [YRMCdaisyBee@commonspirit.org](mailto:YRMCdaisyBee@commonspirit.org)  
or print and mail to: YRMC Nursing Administration DAISY-BEE Awards  
1003 Willow Creek Road, Prescott, Arizona 86301

**Thank you for nominating an extraordinary YRMC nurse for the DAISY Award!**