

# 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!**