THE DAISY AWARD
FOR EXTRAORDINARY NURSES
IN MEMORY OF J. PATRICK BARNES

In collaboration with
AONE
The Voice of Nursing Leadership™

THE DAISY FOUNDATION
IN MEMORY OF J. PATRICK BARNES

DAISY AWARD NOMINATION FORM

I nominate _____ from the _____ unit/department of **GULF COAST VETERANS HEALTH CARE SYSTEM** as a deserving recipient of the **DAISY Award**. This nurse's clinical skill and compassionate care consistently exemplify the following criteria:

1. INTEGRITY: Acts with high moral principle and adheres to the highest professional standards.
2. COMMITMENT: Works diligently to serve Veterans and other beneficiaries.
3. ADVOCACY: Is truly Veteran-centric and advances the interests of Veterans and other beneficiaries.
4. RESPECT: Treats all people with dignity and respect. He or she shows respect to earn it.
5. EXCELLENCE: Strives for the highest quality care and takes accountability for his or her actions.

Describe in detail a specific example demonstrating how this nurse meets the criteria for the **DAISY Award**:

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If you need more space, continue on the back of this sheet or add another page.

Thank you for nominating an extraordinary nurse for this award. Date of **DAISY Award** nomination _____

Your Name _____ Unit _____ Phone _____

I am (check one): ___ RN ___ Patient ___ Family/Visitor ___ MD ___ Staff ___ Volunteer

- Nominations received after the twenty-fifth of the month will be considered for the following **DAISY Award** period.
- Submit this nomination by placing it in any Gulf Coast Veterans Health Care System **DAISY Award** Nomination Box.
- If you have questions, call (228) 523-5924.

MMS, 16-040B, 10/2015V