

# THE DAISY AWARD

## Nomination Form

Name of the nurse you are nominating:

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Hospital/Location where nurse works:

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Unit where this nurse works:

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

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Continue on back >



**Submit your nomination award to:**

Theresa Russo

9500 Euclid Avenue, Hsb-111

Cleveland, OH 44195

Or email to [NursingEdAwards@ccf.org](mailto:NursingEdAwards@ccf.org)

# THE DAISY AWARD

## Nomination Form

Continue your story:

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Your Name: 

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Phone: 

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Email: 

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

Date of nomination: 

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



**Submit your nomination award to:**

Theresa Russo  
9500 Euclid Avenue, Hsb-111  
Cleveland, OH 44195

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