



DAISY in Training Award Nomination Form

I would like to nominate the following student nurse: _____

To be nominated, the student must show *compassion, advocacy, and leadership*, demonstrating outstanding compassion at the bedside, exceptional service as a voice for patient needs or wants, excellence in team collaboration, and skill in the clinical setting.

Why are you nominating this student nurse for the DAISY in Training Award?

(Please include the specific story about this student's exceptional skill and compassionate care.)

Thank you for taking the time to nominate an extraordinary student nurse for this award. Please tell us about yourself so that we may include you in the celebration of the award should the student nurse you nominated be chosen.

I am a: (Select one)

- | | | | | |
|---------------|--------------|-----------|---------------|--------|
| Patient | Visitor | Provider | Instructor | Other: |
| Family Member | Staff Member | Preceptor | Unit Director | _____ |

Name _____ **Date of Nomination** _____

Email _____ **Phone** _____

Questions and completed forms may be addressed to:
Dr. Christie Marsh
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(252) 823-5166 ext. 523