



Nomination Form

INDIVIDUAL **TEAM**

I would like to nominate (Name or names if team)

_____ from the _____

agency for **The DAISY Award for Extraordinary Nurses.**

Date of Nomination _____

Your Name _____ Phone _____

Email _____

(If Staff, please provide: Title _____ Work Location _____

Purpose: The IIK/Nurse-Family Partnership **Daisy Nurse Leader and Team Excellence Awards** are presented to a Nurse or Team that demonstrate the skills, expertise and personal attributes that contribute to the delivery of outstanding client care.

Eligibility: Any Nurse-Family Partnership Nurse (currently practicing), or, any Team that consists of at least one Nurse-Family Partnership Nurse and must have two or more individuals. Team members (besides nurse) can be administrative members or community partners.

Process: Any employee of Nurse-Family Partnership may nominate. Recipients will be selected on the basis of evidence provided by completion of the nomination eligibility criteria.

Award: Awards will be announced twice yearly.

Deadline: All nominations must be received by the closing date. Nomination forms may be completed online and emailed to **Kalina Strohmier** at kstrohmier@iik.org, or mailed to **Kalina Strohmier** at **1775 Sherman St., Ste 2075, Denver, CO 80203.**

Instructions: Please **DO NOT** use the nominee's name when writing details. Address as the **NOMINEE**. Please cite specific examples including client comments where appropriate. If you require more space, attach a sheet to the nomination form. Answer one question telling us both the "what" and the "how". See FAQ's for additional information and examples.

Questions: **Provide an example showing how the nurse home visitor or team demonstrated exemplary professional practice by supporting other nurses, and excellence through efficient management or collaboration to optimize client care.**

OR

Provide an example showing how the nurse home visitor or team demonstrates excellence through leadership and innovation, problem solving and ongoing education activities supporting practice above and beyond regular requirements.

1. **THE WHAT...**Tell us what the Nurse Home Visitor or Team did.



2. **THE HOW...**Tell us how the Nurse Home Visitor or Team did this in exemplary fashion.

