

# The DAISY Award Nomination Form

Please email this nomination form to **YRMCdaisyBee@commonspirit.org**  
or print and mail to: YRMC Nursing Administration DAISY-BEE Awards  
1003 Willow Creek Road, Prescott, Arizona 86301



Name of the nurse you're nominating. \_\_\_\_\_

Where does the Yavapai Regional Medical Center nurse work? (e.g., the unit, floor or department)

☐ Prescott    ☐ Prescott Valley

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): ☐ a patient ☐ a family member/visitor

☐ a physician    ☐ an employee    ☐ Volunteer    ☐ Other \_\_\_\_\_

**Thank you for nominating an extraordinary YRMC nurse for the DAISY Award!**