I would like to nominate _______________________________________________________

Department ___________________________________________________________________

This nurse’s clinical skill and especially her/his compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model.

Please describe a specific situation or story that clearly demonstrated how this nurse made a meaningful difference in your care or that of a loved one:

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

Your name_______________________________________  Unit_______________________________
Phone______________________  Email____________________________  Pager________________
I am (check one): RN____   Patient____   Family/Visitor____   MD____   Staff____ Volunteer____
Date of nomination_________________

Forms may be dropped off at the hospital or mailed to: Community Hospital Anderson
Attn: Nursing Administration
1515 North Madison Avenue
Anderson, IN 46011