Sunflower Nomination Form

The Sunflower Award honors non-licensed caregivers who provide outstanding direct patient care and service to our patients and their families. If you would like to recognize someone, you may nominate them for this award using the form below.

I would like to nominate: ______________________________________________________________

Department: __________________________________________________________________________

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

Please describe a specific situation or story that clearly demonstrates how this caregiver made a meaningful difference in your care or that of a loved one.

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Thank you for taking the time to nominate an extraordinary patient caregiver for this award. Please tell us about yourself, so that we many include you in the celebration of this award should the caregiver you have nominated be chosen.

I am (please select one):          CHA Employee          Patient          Family/Visitor         Physician          Volunteer

Your Name: ______________________________  Unit: ________________________________________

Phone: ________________________________  Email: ______________________________________

Date of nomination: ____________________

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