

NOMINEE: _____
TITLE: _____ DEPT: _____
YOUR NAME: _____ TITLE: _____
DEPT: _____ PHONE NUMBER: _____
RELATIONSHIP TO NOMINEE: _____
EMAIL: _____

Purpose: Recognition of the special skills, dedication and compassion in the delivery of outstanding direct patient care.

Eligibility: recognizing nurses who demonstrates teamwork consistently, provide encouragement, and are positive role models to others-Clinical Excellence and Patient Experience & Engagement

Award: The award winners will be announced and presented during Nurses' Week.

Instructions: Please describe in at least 300 words or more how this nominee has embraced their role and demonstrated outstanding patient care. Please feel free to include examples where this nominee has gone above and beyond to make a difference with other staff members and /or patient(s).

Submission: Once you have completed the form, you can email to **Lydia Lopez**, lydlopez@montefiorenyack.org or bring printed form to Ana Polanco, Center for Learning and Development office, 2nd Floor (across from the elevator).