

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: ()

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).