

# The Sunflower Award



FOR OUTSTANDING NURSES

**Fill out the following form to nominate an Outstanding Nurse today.**

**Save and email completed form to the Public Affairs Office.**

Name:

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Email:

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Phone:

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Nurse's Full Name:

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Department/Unit/Clinic:

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I am a:      Patient  
                 Visitor  
                 Employee  
                 Physician

Please share how this nurse demonstrates excellence, clinical expertise, outstanding service and compassionate care: