

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: The recipient of this award will be a Nurse who has been a registered nurse for less than two years who demonstrates a passion for their work. The recipient shows promise and is making a large impact at MNH in the short time that he or she has been here.

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@montefiorennyack.org or bring printed form to Ana Polanco, Center for Learning and Development office, 2nd Floor (across from the elevator).