





Date of nomination \_\_\_\_\_

Nominations received by the 15th of the month will be considered for the following month's DAISY Award.

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Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: \_\_\_\_\_

Title \_\_\_\_\_

Please submit this nomination to Professional Development Council Zip **7561**

**Mail Outside of Hospital:**  
**The Nebraska Medical Center**  
**Clarkson Tower**  
**Professional Development Council (DAISY)**  
**4350 Dewey Ave**  
**Omaha NE 68105-7580**