



NOMINATION FORM

I would like to nominate _____ from the _____ unit/department as a deserving recipient of **The Clover Award**. This nursing assistant's clinical skill and especially her/his compassionate care exemplify the kind of nursing assistant our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

- 80% spent in direct patient care
- Nursing Assistant/CMA
- No Written Counseling in last 12 months

Please describe a situation involving the nursing assistant you are nominating that clearly demonstrates he/she meets the criteria for

The Clover Award:

Thank you for taking the time to nominate an extraordinary nursing assistant for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nursing assistant you nominated be chosen.

Your Name _____ Dept. _____ Phone _____

Email _____

I am (please check one): RN/LVN Patient Family/Visitor MD Staff Volunteer

Date of nomination _____

Manager Acknowledgement: I acknowledge this nursing assistant/CMA is in good standing.

Signed: _____ Title _____

Nominations received by the 10th of the month will be considered for the following month's **Clover Award**.

Please submit questions or nominations to Becky Fuentes at Extension 5050 or Beckyfuentes@shannonhealth.org

