



## Nominate a Nurse for the IHS Nursing Excellence Award

The Helen B. Davis Memorial Award was developed by Jim Davis a number of years ago in memory of his wife, Helen, who passed away at Mobile Infirmary. Annual awards are made to Registered Nurses who meet criteria that were stipulated by Mr. Davis.

The staff that are eligible include: staff in direct patient care (not higher than a Team Leader position) and Educators. Among the criteria are professional competence, personal character, loyalty to the hospital, effective and efficient work habits and relationships with physicians, coworkers and other departments, personal appearance and poise, efforts to continue education through the hospital programs and other special courses.

I would like to nominate \_\_\_\_\_ from the unit/department \_\_\_\_\_ as a deserving recipient of the IHS Nursing Excellence Award. This nurse's clinical skill and especially her/his compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the above mentioned Helen B. Davis Memorial criteria.

Please describe a situation involving the nurse you are nominating that clearly demonstrates he/she meets the criteria for the IHS Nursing Excellence Award:

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

Your Name \_\_\_\_\_ Unit \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Pager \_\_\_\_\_ Date of nomination \_\_\_\_\_  
I am (please check one): RN \_\_\_ Patient \_\_\_ Family/Visitor \_\_\_ MD \_\_\_ Staff \_\_\_ Instructor \_\_\_ Student \_\_\_

### Manager/Director Acknowledgement

I acknowledge that this nurse is in good standing.

Nominee Date of Employment \_\_\_\_\_ Nominee Last Evaluation Score: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Title \_\_\_\_\_

Director Signature: \_\_\_\_\_ Title \_\_\_\_\_