



# Sunflower Award

## Nomination Form



Today's Date \_\_\_\_\_

I would like to nominate

\_\_\_\_\_ (name)

from \_\_\_\_\_ (unit/department)

for the Sunflower Award. Their skill and compassionate care exemplify the kind of person that our patients, their families, and our staff recognize as an outstanding role model.

Please describe a specific situation or story that clearly demonstrated how this certified nursing assistant, patient care technician or surgical technician made a meaningful difference in your care.

- Teamwork
- Professionalism
- Patient-Centered Care
- Commitment to the Organization
- Caring

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Thank you for taking time to nominate an extraordinary CNA/PCT/Surgical Tech for the Sunflower Award.***

Your Name \_\_\_\_\_

Date of Nomination \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please contact me if the CNA/PCT/Surgical Tech I nominated is chosen for the Sunflower Award so that I may attend the celebration if available.

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

**Please submit your nomination form to:**  
Nursing Administration  
Email: Twanna.Shepard@nkch.org