

Trustworthy, Unforgettable, Lasting Impact on Patient-Care

Nomination Form







Today's Date	
Lucy del libra to represente	
I would like to nominate	
(name)	
from	
(unit/department)	
for the TULIP Award. Their exceptional care and service embodies North Kansas City Hospital's	
values and commitment to patients, their families and	
the organization.	
Describe a specific situation or story that	
clearly demonstrated how this nursing	
student made a lasting impact in your care.	
	Thank you for taking the time to nominate an outstanding student nurse for the TULIP Award.
	Your Name
	Date of Nomination
	PhoneEmail
	Please contact me if the student nurse I nominated is chosen for the TULIP Award so I may attend the celebration if available.
	I am (please check one): ☐ Patient ☐ RN ☐ MD☐ Staff ☐ Volunteer
	Please submit your nomination form to: Nursing Administration Email: Twanna.Daniels@nkch.org