



HONORING NURSES INTERNATIONALLY  
IN MEMORY OF J. PATRICK BARNES

*Nomination Form*

\*\*\*\*\*Please use one nomination form for each nurse being nominated\*\*\*\*\*

I would like to nominate \_\_\_\_\_ from \_\_\_\_\_ (Please be specific).  
Describe in detail how this nurse impacted you and/or your families experience. How did this nurse go above and beyond to ensure your care at West Palm Beach VA was exceptional? **Please print clearly.**

**Thank you for taking time to** nominate this extraordinary nurse. If more space is needed, please attach as many pages as are necessary. Then fold with addressed side out. Please remember to include your contact information as we would like to invite you to the celebration ceremony should your nominee be chosen to receive the award. (COVID 19 PERMITTING).

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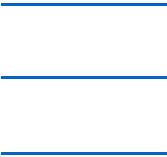
Name \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Date of nomination \_\_\_\_\_ (Check one)  I am the Patient  Family  Visitor

(Nominations are only accepted from patients, family members and visitors at this time)

If you prefer, use this form as a template for your nomination email to  
[VHAPB\\_NURSING\\_DAISS\\_AWARD@VA.GOV](mailto:VHAPB_NURSING_DAISS_AWARD@VA.GOV).  
VA Online Daisy Nomination form is available at  
<https://www.va.gov/west-palm-beach-health-care/programs/daisy-award>  
To learn more about the Daisy Foundation or submit your nomination online at:  
<https://www.daisyfoundation.org/thank-your-nurse>





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Fold along here. Tape end and Place postage stamp for mailing

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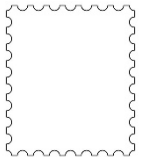
Name

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Address

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City, State, Zip



**West Palm Beach VA Healthcare System  
C/O: Daisy Award Committee  
7305 North Military Trail  
West Palm Beach, FL 33410**

For Extraordinary Nurses in Memory of J. Patrick Barnes