Say "Thank you!" to a UVA team member for the care and compassion they provide each and every day in their patient care!

What is the nominee's name? _____

Where does the nominee work? _____

What is the nominee's job title? _____

I am writing this nomination as a,
- o Patient
- o Patient's Family Member
- o Visitor
- o UVA Team Member

What is your name? _____

What is your email address? _____

May we have your agreement to publish this nominee's name, nomination story, and/or photo on our website and in print, and do you agree that we may share it with other media and nursing organizations for their publication?

Please note that the nomination story you submit may be edited prior to publication, removing names of patients and third parties (to ensure HIPAA compliance), anything phrased in a negative way, criticism of any healthcare organization, and the DAISY Foundation story.

Do you agree to these terms?
- o Yes, I grant permission to publish, as described above.
- o No, I do not grant permission to publish.

Share your Story: please describe a specific situation or story that clearly demonstrates how this nurse/support care team member made a meaningful difference.

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UVAHealth

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All paper nominations can either be mailed in, faxed, or emailed.

Email: vpr3mr@uvahealth.org
Fax: 434-244-9486

Attn: Jenny Ernest
UVA Health
PO Box #800135
Charlottesville, VA 22908

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