The BEE Award for Extraordinary CARE

How To Nominate An Extraordinary Caregiver

Patients, visitors, nurses, physicians and employees may nominate a deserving caregiver by filling out this form and submitting it to **NMMC Nursing Leadership**.

Name of the caregiver you are nominating:_____

Unit /Department where this caregiver works: _____

Date you encountered the caregiver: _____

A BEE Award nominee portrays a positive presence at NMMC. They are respectful, anticipate needs, share information, promote teamwork, and encourage patient and family participation.

Please describe a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care. Feel free to use additional pages.

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

Your Name_____

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

Date of nomination_____

How do we reach you? Phone_____ Email_____

Address_____

Nominations received by the 15th of the month will be considered for the following month's **BEE Award**.

Please submit this nomination to **Nursing Leadership**, North Mississippi Medical Center, 830 S. Gloster, Tupelo, MS 38801. If you have any questions, please contact Nursing Leadership at (662) 377-6554 or email BEEawards@nmhs.net.