



HCA recognizes the intrinsic value of nursing practice in accomplishing our company mission of providing the highest quality of care to the patients and communities we serve. This national recognition program is designed to celebrate the extraordinary clinical and compassionate care delivered by our nurses every day.

ELIGIBILITY CRITERIA

- Nominee must have been a practicing nurse in HCA for at least two years at the time of nomination
• Nominations can be submitted by a peer or any member of hospital, division, corporate staff as well as physicians, patients, families or volunteers.

NOMINATE A NURSE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Choose a category:

- Compassionate Care - A nurse who demonstrates exceptional nursing knowledge and expert skills, and consistently applies both with compassion and integrity so that the quality of the care experience and the care outcomes are improved for patients in any clinical setting or nursing specialty.
○ Professional Mentoring - A nurse who advances nursing practice in any clinical setting or nursing specialty by guiding or supporting career development for individuals or groups of nurses or by advancing evidence-based nursing knowledge.

Please rate your nominee on the following:

Table with 2 rows (Compassionate Care, Professional Mentoring) and 11 columns (Average, 1-10, Exceptional). Includes instruction: Please circle the appropriate number.

Please share why your nominee deserves to be recognized for the HCA Excellence in Nursing Award:

Four horizontal lines for text entry.

ABOUT YOU

I am a: Patient Visitor Employee Physician Other

Please circle one.

Your Name: \_\_\_\_\_ Your Facility (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please email completed entry to: Carolyn.KingWhisnant@hcahealthcare.com