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**AWARD**

***For Extraordinary SHCS Nursing Support Team Members***

*The Sunshine Award is Scotland Health Care System’s Award for Extraordinary Nursing support team members, including Patient Care Techs (PCT), Surgical Techs, ER Techs (ERT), Certified Nursing Assistants (CNA), Licensed Practical Nurses (LPN) and Unit Secretaries.*

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ unit/department as a deserving recipient of ***The Sunshine Award***. This Nursing Support team member’s skill and especially her/his compassionate care exemplify the kind of person that our patients, their families, and our staff recognize as an outstanding role model.

**Please describe a specific situation or story that clearly demonstrates how this Nursing support team member made a meaningful difference in your care.**

• Caring and Compassion (Always treats everyone with respect, empathy and understanding)

• Integrity (Follows through, worthy of your trust)

• Leadership (Develops creative solutions to problems and challenges of hospitalization)

• Shared Learning (Helps patients and families understand info about health, hospital process, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If additional space is needed, please use the reverse side or attach additional sheets of paper)*

Thank you for taking time to nominate an extraordinary Nursing support team member for the Sunshine Award!

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am (please check one):

RN\_\_\_\_\_\_ Patient\_\_\_\_\_\_ Staff\_\_\_\_\_\_ Volunteer\_\_\_\_\_\_ Family/Visitor \_\_\_\_\_\_ MD \_\_\_\_\_\_