UF Health JACKSONVILLE

APPLAUSE!

Employee Recognition Program

At UF Health Jacksonville, we are committed to providing high-quality patient care. Please help us recognize staff members who have enhanced your experience with us.

I would like to give applause to _____ for making my experience at UF Health Jacksonville a positive one.

How did this person impact your visit? Please be specific.

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Your name _____

Phone number _____ Date _____

I am a ☐ Patient ☐ Physician ☐ Family Member/Visitor ☐ Other _____

THE DAISY AWARD
FOR EXTRAORDINARY NURSES
IN MEMORY OF J. PATRICK BARNES

☐ My nominee is a registered nurse (RN). Please consider him or her for a Daisy Award, celebrating exceptional clinical skill and compassionate care.
To learn more about the Daisy Award, see the information sheet in your discharge folder or visit UFHealthJax.org/applause.

Once completed, please submit this form to:

- Any UF Health Jacksonville manager
- Human Resources office located on the 6th Floor of Tower I

Forms can be mailed to Applause! Program at 580 W. 8th St., Tower I, 6th Floor, Jacksonville, FL 32209.