

## PETAL Award Criteria

The PETAL Award recognizes, rewards and celebrates the special skills and compassionate care provided by our nursing support staff. These staff are an important member of the nursing care team and we are proud to recognize them with this special award. The PETAL Award recipient demonstrates patient advocacy, leadership, teamwork, and makes a difference in a patient and/or family's life. Recipients are recognized as role models.

## Who can nominate?

**ANYONE**—Patients, families, visitors, volunteers and Maine Medical Center staff may nominate a deserving nursing support staff member by completing this form and returning it to any Maine Medical Center Staff or to one of the addresses listed.

Nominations will be reviewed each month and one recipient will be chosen. Each PETAL honoree will be recognized at a public ceremony on his/her unit and will receive: certificate, PETAL award and celebration cake to share with staff. A banner will also be hung on the unit sharing that this unit has a PETAL Award honoree.



Maine Medical Center

22 Bramhall Street

Portland, ME 04102

[www.mmc.org](http://www.mmc.org)



## PETAL Award for Extraordinary Nursing Support Staff



**SHARE YOUR STORY!**

# Nomination Form

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

## PETAL Award

The PETAL Award was developed by the Magnet, Marketing & Communications Council in collaboration with Kelley Martin, CNA on R9W who created a similar award on her unit for CNAs. The PETAL award recognizes nursing support staff who report to a nursing director, support nurses in providing patient care, and interact with patients and families. This award recognizes the extraordinary contribution of nursing support staff that make a difference in the lives of our patients and families.



I nominate: \_\_\_\_\_ From \_\_\_\_\_  
*(first & last name of nursing support staff)* *(unit/floor/department in hospital)*

Please tell us **your story** about why this staff member is special and the difference he/she made to you and/or your family *(if more space is needed, please attach to this form):*

**THANK YOU** for taking the time to recognize this special nursing staff member. Please tell us about yourself.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Would you like to be part of the celebration if this staff member is selected?      Yes      No

Return nomination to any MMC staff, or mail to: ATT: PETAL Award, Patient Care Services, MGB2, Rm 2627, Maine Medical Center, 22 Bramhall Street, Portland, ME 04012.

You can also send an email addressed to: [PETAL@mmc.org](mailto:PETAL@mmc.org).