

2026 Held Family Award for Nursing Excellence

Nomination Form

The **Held Family Award for Nursing Excellence** awards a Cooley Dickinson Registered Nurse (RN) or Nurse Practitioner (NP) who shows outstanding dedication and compassion in patient care. We encourage patients, families, caregivers, and colleagues to nominate a nurse or nurse practitioner who exemplifies exceptional care and puts patients first.

Please send completed nomination form no later than **Friday, April 3, 2026** via email to development@cooleydickinson.org or mail to Development Office, P.O. Box 329, Northampton, MA 01061-0329. Self-nominations are not accepted.

Your Name: _____

I am submitting a nomination for a Cooley Dickinson nurse or nurse provider because I am a:

- Patient/former patient Family member/caregiver Clinical provider
 Work colleague (non-clinical) Clinical provider

Your Phone Number: _____

Your Email: _____

Yes, please share my name and contact email with the person I have nominated so they can thank me. I am also willing to have my name shared at the award ceremony.

No, please do not share my name with the person I have nominated. I prefer to remain anonymous.

Name of Nurse or Nurse Practitioner: _____

Cooley Dickinson Department where nominee works (if known): _____

Why do you believe this RN or NP has gone "above and beyond" in providing exceptional, compassionate, and personalized care? (Please provide examples and use extra pages if needed.)
