

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

Provider's Name and Number
Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 6/21/2021 9:01:40 AM
Course Ending date: 7/11/2021 6:09:59 PM

Participant's name and License #:
Joleen Kraft
BC, R.Ac.

Date of Evaluation: 7/11/2021

Did this course meet its STANDARD OBJECTIVES?

Yes

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

Did the instructor utilize appropriate teaching methods

Yes.

Do you feel that you will be able to apply what you have learned from this course to your practice?

Yes.

Would you recommend this course to other licensed medical professionals?

Yes

Do we have your permission to share your views with other practitioners?

Yes
