

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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

**Course Beginning date:** 5/21/2021 3:10:27 PM  
**Course Ending date:** 7/7/2021 2:49:49 PM

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**Participant's name and License #:**  
marcia costello

**Date of Evaluation:** 7/7/2021

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**Did this course meet its STANDARD OBJECTIVES?**  
yes

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**Did the Instructor Demonstrate adequate knowledge about the course subject?**  
yes

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**Did the instructor utilize appropriate teaching methods**  
yes

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

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**Would you recommend this course to other licensed medical professionals?**  
yes

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

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