

PARTICIPATION EVALUATION FORM

NAET Basic and Advanced-1 combined Online Course

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

Course Beginning date: 7/19/2021 10:46:46 PM
Course Ending date: 9/21/2021 4:54:18 AM

Participant's name and License #:
Priscila Gabriela Gigilice
Romania

Date of Evaluation: 9/21/2021

Did this course meet its STANDARD OBJECTIVES?

Yes, absolutely.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes!

Did the instructor utilize appropriate teaching methods

Yes, the teaching approach was a good choice.

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

Yes, I believe I can.

Would you recommend this course to other licensed medical professionals?

I would and I will.

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

Yes
