

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: 10/6/2021 1:49:11 PM
Course Ending date: 11/22/2021 10:18:03 AM

Participant's name and License #:
Greg Dow
FL

Date of Evaluation: 11/22/2021

Did this course meet its STANDARD OBJECTIVES?
Y

Did the Instructor Demonstrate adequate knowledge about the course subject?
Y

Did the instructor utilize appropriate teaching methods
Y

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

Would you recommend this course to other licensed medical professionals?
Y

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