

## PARTICIPATION EVALUATION FORM

NAET Basic and Advanced-1 combined Online Course

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

**Course Beginning date:** 10/10/2021 11:55:53 PM  
**Course Ending date:** 11/27/2021 10:50:58 PM

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**Participant's name and License #:**  
Nerissa Parker  
NSW

**Date of Evaluation:** 11/27/2021

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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. I feel like I need to do more practical work for the theory to really stick

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

Yes. It's an effective modality

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

Yes

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