

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: 8/19/2021 4:45:11 PM
Course Ending date: 12/31/2021 11:50:31 AM

Participant's name and License #:
Eric Martell
NV, RN

Date of Evaluation: 12/31/2021

Did this course meet its STANDARD OBJECTIVES?

Yes, this course was very informative.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Absolutely, both Doctor`s were very knowledgible and explained subject in great detail.

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, I do feel that many hours of hands on experience will enhance this knowledge.

Would you recommend this course to other licensed medical professionals?

yes

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

yes
