

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: 3/10/2021 6:22:07 PM

Course Ending date: 1/8/2022 9:20:24 PM

Participant's name and License #:

suzanne plante
MI

Date of Evaluation: 1/8/2022

Did this course meet its STANDARD OBJECTIVES?

I believe so. There is lot of information covered.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes. Lots of case examples. Comprehensive. Good knowledge/blend of multiple medical approaches

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 primarily want to be able to treat my family (and myself) as needed

Would you recommend this course to other licensed medical professionals?

Yes

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

Yes
