

## 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:** 11/24/2021 7:47:02 PM

**Course Ending date:** 2/16/2022 9:28:49 PM

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**Participant's name and License #:**

Chelsie Stainbrook  
Kansas

**Date of Evaluation:** 2/16/2022

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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, but would have been very beneficial to learn in a classroom setting. This way we could practice as we learn.

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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

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

Yes

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

Yes

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