

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: 11/6/2021 11:14:40 AM
Course Ending date: 2/28/2022 8:01:37 PM

Participant's name and License #:
Brianna Green
IL

Date of Evaluation: 2/28/2022

Did this course meet its STANDARD OBJECTIVES?

Yes, I found this course to be exactly what I needed

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

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 feel thoroughly prepared and my friends and family that I have been practicing on are already seeing great results in their health.

Would you recommend this course to other licensed medical professionals?

Absolutely

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

yes
