

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: 2/20/2022 6:34:28 PM**Course Ending date:** 3/18/2022 1:42:27 PM

Participant's name and License #:

Pamela Thomas-Headley
Utah, RN

Date of Evaluation: 3/18/2022

Did this course meet its STANDARD OBJECTIVES?

Yes.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes. I am very impressed with the Technique and fascinated with the development of the Technique.

Did the instructor utilize appropriate teaching methods

Yes. The slides were short enough that if I didn't catch something said, I could replay the slide easily enough.

Do you feel that you will be able to apply what you have learned from this course to your practice?

Of course and can't wait.

Would you recommend this course to other licensed medical professionals?

I already have.

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

Yes
