

## 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:** 5/4/2021 3:41:09 PM  
**Course Ending date:** 5/9/2022 11:43:51 AM

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

**Date of Evaluation:** 5/9/2022

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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?**

Abs

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**Did the instructor utilize appropriate teaching methods**

Yes

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

Def

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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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