

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 S NAET Management of Celiac Disease and Gluten Sensitivity

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 5/6/2022 3:03:13 PM**Course Ending date:** 5/8/2022 3:02:11 PM

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

Lana Moshkovich

**Date of Evaluation:** 5/8/2022

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**Did this course meet its STANDARD OBJECTIVES?**

Great course. Fantastic overview of physiology and pathophysiology of celiac disease. Detailed info on NAET treatment strategy and nutritional aspects of the disease.

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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

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

Right away. I would like to repeat it one more time to solidify my knowledge.

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

Absolutely

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

Yes

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