

## 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:** 6/1/2022 12:28:49 PM

**Course Ending date:** 8/17/2022 10:22:44 AM

---

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

Nicholas Jezerinac  
Ohio

**Date of Evaluation:** 8/17/2022

---

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

I believe so

---

**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 will

---

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

yes i would

---

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

yes

---