

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: 7/11/2022 12:53:38 PM

Course Ending date: 9/16/2022 6:52:55 AM

Participant's name and License #:

Joshua Diaz
OT FL / OT NY

Date of Evaluation: 9/16/2022

Did this course meet its STANDARD OBJECTIVES?

Yes

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?

With a preceptor at and supervision to begin

Would you recommend this course to other licensed medical professionals?

yes

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

yes
