

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 6/23/2022 10:20:18 AM**Course Ending date:** 11/20/2022 8:50:47 PM

Participant's name and License #:

Selene Gold
Oregon

Date of Evaluation: 11/20/2022

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

I would like to see several learning/teaching styles being utilized. Many slides had very little written on the screen, so there was only auditory teaching. This was most unfortunate since Dr. Devis accent can make it difficult to understand.

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

Yes

Would you recommend this course to other licensed medical professionals?

Absolutely

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

Yes
