

## 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:** 10/1/2022 6:12:18 PM  
**Course Ending date:** 12/7/2022 10:39:00 AM

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**Participant's name and License #:**  
Ameeta Walla  
New York

**Date of Evaluation:** 12/7/2022

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

This course did a great job covering all the objectives

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**Did the Instructor Demonstrate adequate knowledge about the course subject?**

The instructor demonstrate was thorough and knowable throughout the seminar.

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**Did the instructor utilize appropriate teaching methods**

The instructor used great material and techniques relaying the methods.

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

Yes I enjoyed and learned the material efficiently to be able to apply this course to my practice.

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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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