

## 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:** 10/27/2022 8:55:22 AM

**Course Ending date:** 12/23/2022 7:55:32 AM

---

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

Andrea White  
IL

**Date of Evaluation:** 12/23/2022

---

**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?**

Yes

---

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

Yes absolutely

---

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

yes

---