

## 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:** 2/6/2023 11:05:45 AM

**Course Ending date:** 3/5/2023 10:24:12 AM

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

Kristle Hernandez Gomez  
TX, Chiropractor

**Date of Evaluation:** 3/5/2023

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

Yes, very much so.

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

Yes, absolutely.

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**Did the instructor utilize appropriate teaching methods**

Yes. With the slides, audio, pictures, and videos.

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

I will be starting soon, but strongly agree that I will be able to apply all that I have learned.

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

Absolutely.

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

Yes

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