

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: 12/8/2022 12:45:41 PM
Course Ending date: 3/16/2023 10:34:54 AM

Participant's name and License #:
Carole Smith
New Mexico, LMT

Date of Evaluation: 3/16/2023

Did this course meet its STANDARD OBJECTIVES?

Yes

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes, over and above

Did the instructor utilize appropriate teaching methods

yes and I am looking forward to learn more in person from a certified NAET practitioner and to practice my skills

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

Yes, I have a busy massage/Lymph Drainage Therapy/CranioSacral practice and quite a few of my clients are excited for me to practice on them. I am also looking forward to working on my daughter and her children who all experience allergies.

Would you recommend this course to other licensed medical professionals?

yes

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

yes
