

## 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:** 7/27/2021 5:54:25 PM

**Course Ending date:** 4/3/2023 9:55:04 AM

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

Darcie Beyer  
TX

**Date of Evaluation:** 4/3/2023

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

Yes

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

Absolutely!

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**Did the instructor utilize appropriate teaching methods**

Yes

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

Absolutely. Am looking forward to practicing the modality with this course's guidance.

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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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