

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: 2/9/2023 5:42:12 PM

Course Ending date: 3/29/2023 6:25:00 PM

Participant's name and License #:

Kevin Troy Allen
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Date of Evaluation: 3/29/2023

Did this course meet its STANDARD OBJECTIVES?

Yes, it did. It was very helpful.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes, they did. It was helpful to have the videos and pictures.

Did the instructor utilize appropriate teaching methods

Yes, Very detailed and varied

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

Yes, lots of practice is needed, but I will get there with time.

Would you recommend this course to other licensed medical professionals?

Yes

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

Yes
