

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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**Provider's Name and Number**  
Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 3/12/2022 3:09:13 PM  
**Course Ending date:** 5/8/2023 8:17:07 AM

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**Participant's name and License #:**  
Melissa Mullin  
FL, MS Functional Medicine, BS Dietetics Nutrition

**Date of Evaluation:** 5/8/2023

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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?**

Yes

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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?**

I do, however it was a lot of information to digest. I began to feel a bit lost with the multiple vial technique portion. And I will need to sit with all of this and map it out in a way that best suits my learning style.

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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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