

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: 4/27/2023 3:56:42 PM

Course Ending date: 5/7/2023 6:02:21 PM

Participant's name and License #:

April Kay
NJ

Date of Evaluation: 5/7/2023

Did this course meet its STANDARD OBJECTIVES?

Yes, the course was very thorough and provided excellent resource documents.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes. I was impressed with her knowledge.

Did the instructor utilize appropriate teaching methods

Yes, the videos were very helpful as well as the basic manual.

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

Definately

Would you recommend this course to other licensed medical professionals?

Yes

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

Wes
