

## 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:** 12/27/2022 5:42:20 PM

**Course Ending date:** 3/25/2023 4:52:28 PM

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

Carla Green  
Reg Ac Alberta Canada

**Date of Evaluation:** 3/25/2023

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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 but the platform used to teach this was cumbersome. Having to replay entire slide if wanting to just review last few seconds if you missed something. Being able to move through slides faster if you have adequate base knowledge in that topic (ie Acu)

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

Yes

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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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