

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: 2/10/2023 3:01:06 AM

Course Ending date: 3/22/2023 6:24:09 PM

Participant's name and License #:

Chantal Pitchers

NSW Australia, Massage Therapist

Date of Evaluation: 3/22/2023

Did this course meet its STANDARD OBJECTIVES?

Yes absolutely thank you it was a wonderful course.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes the course was very well explained with an abundant of valuable information.

Did the instructor utilize appropriate teaching methods

Yes absolutely

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

Yes I will be able to apply this into my practice. Thank you very much

Would you recommend this course to other licensed medical professionals?

Yes I have already shared with people, what a amazing course

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

Yes
