

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 C Balancing Your Qi Using Pearls of Wisdom From Oriental Medicine

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

**Course Beginning date:** 6/17/2023 10:58:30 PM  
**Course Ending date:** 6/23/2023 8:22:34 PM

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

**Date of Evaluation:** 6/23/2023

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**Did this course meet its STANDARD OBJECTIVES?**

Yes, more than I expected.

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**Did the Instructor Demonstrate adequate knowledge about the course subject?**

Yes, very clear.

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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?**

Yes! I can apply what I have learnt from here. i.e. The mirror technique, I tried it immediately on my clients, it works! me and clients both are very amazed!

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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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