

PARTICIPATION EVALUATION FORM

NAET Advanced 2 Q: Immune System Support

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 5/2/2023 7:12:53 PM

Course Ending date: 6/14/2023 7:37:52 PM

Participant's name and License #:

Pamela L Thomas-Headley
Utah

Date of Evaluation: 6/14/2023

Did this course meet its STANDARD OBJECTIVES?

Yes

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

Did the instructor utilize appropriate teaching methods

Yes

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

Yes, Once I re-read the multiple exposure technique and sort out the boosters, I will be able to apply it. It was a little confusing,

Would you recommend this course to other licensed medical professionals?

yes

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

yes
