

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: 3/28/2023 10:54:46 PM

Course Ending date: 7/22/2023 3:44:52 PM

Participant's name and License #:

Samantha Crowell
Missouri, LMT

Date of Evaluation: 7/22/2023

Did this course meet its STANDARD OBJECTIVES?

Yes. Very informative and thorough.

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?

It will take time and practice but in time yes.

Would you recommend this course to other licensed medical professionals?

yes

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

yes
