

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 6/27/2023 11:43:16 AM

Course Ending date: 8/22/2023 7:08:08 AM

Participant's name and License #:

Katherine Shealy
SC

Date of Evaluation: 8/22/2023

Did this course meet its STANDARD OBJECTIVES?

Yes, the course met the objectives.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Oh Yes, Dr. Devi is exceptionally knowledgeable in the subject.

Did the instructor utilize appropriate teaching methods

Yes, the teaching methods were appropriate; I would like all the information in a book just for practitioners.

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

Yes! I will be applying this information in my practice.

Would you recommend this course to other licensed medical professionals?

Yes, I will recommend this course to other Holistic Health Professionals.

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

yes
