

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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

Course Beginning date: 10/9/2023 11:03:06 AM
Course Ending date: 10/13/2023 10:37:40 PM

Participant's name and License #:
Christopher Morrow
Ca

Date of Evaluation: 10/13/2023

Did this course meet its STANDARD OBJECTIVES?
yes definitely

Did the Instructor Demonstrate adequate knowledge about the course subject?
For sure!

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 cant wait!

Would you recommend this course to other licensed medical professionals?
Did yesterday

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