

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

---

**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 5/31/2023 5:29:18 PM

**Course Ending date:** 9/20/2023 5:39:31 AM

---

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

Matan Yehezkel

Israel

**Date of Evaluation:** 9/20/2023

---

**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, ofcourse

---

**Would you recommend this course to other licensed medical professionals?**

Yes ofcourse

---

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

Yes

---