

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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

**Course Beginning date:** 5/8/2023 3:45:25 AM  
**Course Ending date:** 11/1/2023 6:54:57 AM

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**Participant's name and License #:**  
Ashley Lilburn  
Tx

**Date of Evaluation:** 11/1/2023

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**Did this course meet its STANDARD OBJECTIVES?**  
Yes

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**Did the Instructor Demonstrate adequate knowledge about the course subject?**  
Yes, she's brilliant

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**Did the instructor utilize appropriate teaching methods**  
Yes

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

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

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

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