

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: 10/29/2023 1:30:11 PM

Course Ending date: 12/24/2023 6:48:44 AM

Participant's name and License #:

Cathleen Parisi
New York

Date of Evaluation: 12/24/2023

Did this course meet its STANDARD OBJECTIVES?

Yes this course met its standard objectives. Information was presented in an organized fashion and was very thorough. There was a nice flow of information presented.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes, the instructor was very knowledgeable about the subject and has clearly been practicing NAET for a long time.

Did the instructor utilize appropriate teaching methods

Yes, the slides and videos were appropriate teaching methods.

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

I do feel I will be able to apply what I have learned to my practice. I will also be working alongside other NAET practitioners that have been in practice for several years who will help guide me with their experience as well.

Would you recommend this course to other licensed medical professionals?

Yes, I think NAET is highly specialized and unique and will offer practitioners another simple/noninvasive treatment method to help their patients.

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

Yes.
