

## 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:** 11/30/2023 12:52:03 PM

**Course Ending date:** 12/31/2023 1:03:07 PM

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

Dr. Brian Ferguson

Ohio

**Date of Evaluation:** 12/31/2023

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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

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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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