

## 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:** 4/26/2023 7:53:22 AM  
**Course Ending date:** 12/27/2023 1:55:07 PM

---

**Participant's name and License #:**  
Kristen Couture  
MA

**Date of Evaluation:** 12/27/2023

---

**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, however if I wasn't already a practitioner I think I would need live demonstration and work flow

---

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

---

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

---