

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: 6/21/2023 4:02:33 AM
Course Ending date: 1/16/2024 12:03:13 PM

Participant's name and License #:
Suzanne Roth
Florida, LMT

Date of Evaluation: 1/16/2024

Did this course meet its STANDARD OBJECTIVES?
Yes

Did the Instructor Demonstrate adequate knowledge about the course subject?
Yes, of course!

Did the instructor utilize appropriate teaching methods
Yes. I enjoyed the videos and made notes so I can return to view them again.

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

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

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