

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 S NAET Management of Celiac Disease and Gluten Sensitivity

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 1/27/2024 1:11:52 AM

**Course Ending date:** 3/2/2024 4:05:44 AM

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

Tomoe Adachi  
Japan, MD

**Date of Evaluation:** 3/2/2024

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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, very powerfully.

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**Did the instructor utilize appropriate teaching methods**

Yes, Dr. Devi's speeches are always very interesting.

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

I have a SIBO patient who seldom come to my clinic due to poor health, but I will treat kit 28 items to myself and want to be ready for her before she can come in the next time.

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

Yes, but most Japanese practitioners are not good at English.

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

Yes

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