

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 L (Eczema, Acne, and Candidiasis)

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 1/15/2024 10:15:57 AM

**Course Ending date:** 3/8/2024 12:02:39 PM

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

MONICA C NOVIELLO

**Date of Evaluation:** 3/8/2024

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**Did this course meet its STANDARD OBJECTIVES?**

YES, ONLY THERE ARE SOME TECHNIC PROBLEMS, WHEN YOU FINISH A SECTION, SOMETIMES YOU WANT TO GO TO THE NEXT ONE, AND IT GOES BACK TO PREVIOUS SLIDES.

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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, I LOVE THE CASES THAT HAVE TO DO WITH THE SUBJECT

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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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