

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: 1/7/2024 7:52:22 PM

Course Ending date: 4/22/2024 6:44:39 PM

Participant's name and License #:

KELSEY SONTAG
MN, Registered Nurse

Date of Evaluation: 4/22/2024

Did this course meet its STANDARD OBJECTIVES?

Yes, it did.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Absolutely!

Did the instructor utilize appropriate teaching methods

Yes, appreciated the videos and pictures and would appreciate more where able.

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

Yes, I do.

Would you recommend this course to other licensed medical professionals?

Yes

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

Yes
