

**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:** 4/22/2024 9:31:35 PM  
**Course Ending date:** 4/27/2024 7:26:41 PM

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**Participant's name and License #:**  
Tian Wei  
China, TCM and Acupuncture

**Date of Evaluation:** 4/27/2024

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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

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**Did the instructor utilize appropriate teaching methods**  
Yes

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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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