

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: 8/17/2023 11:08:23 AM

Course Ending date: 5/8/2024 3:14:15 PM

Participant's name and License #:

Sherra Miller
New Mexico

Date of Evaluation: 5/8/2024

Did this course meet its STANDARD OBJECTIVES?

Yes

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

Did the instructor utilize appropriate teaching methods

Yes

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

I mostly do, I am excited to be able to practice with someone I can ask questions to and also someone that can make sure I am applying the techniques correctly. Sometimes some things were a little hard to understand. But I think I will get it.

Would you recommend this course to other licensed medical professionals?

Yes

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

Yes
