

PARTICIPATION EVALUATION FORM

NAET Advanced 2 C Balancing Your Qi Using Pearls of Wisdom From Oriental Medicine

Provider's Name and Number
Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 5/29/2024 6:11:11 AM
Course Ending date: 6/4/2024 7:37:05 AM

Participant's name and License #:
Katherine Shealy
CHHP

Date of Evaluation: 6/4/2024

Did this course meet its STANDARD OBJECTIVES?

Yes, the standard objectives were met.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

Did the instructor utilize appropriate teaching methods

Yes, the teaching methods are adequate/appropriate. A video showing some of the techniques being performed may also be helpful.

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

Yes, I wish I had taken this class earlier since I have had a few clients with EMF sensitivity issues.

Would you recommend this course to other licensed medical professionals?

Yes, definitely and I recommend they take it shortly after the initial certification class.

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

Yes
