

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 3/24/2024 2:46:11 AM

Course Ending date: 6/9/2024 6:02:34 AM

Participant's name and License #:

Manal dimassi
medical lab bachelor of science

Date of Evaluation: 6/9/2024

Did this course meet its STANDARD OBJECTIVES?

this course has increased my interest in learning more about naet

Did the Instructor Demonstrate adequate knowledge about the course subject?

the instructor communicated clearly and was easy to understand

Did the instructor utilize appropriate teaching methods

the instructor's teaching methods aided my learning

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

yes

Would you recommend this course to other licensed medical professionals?

yes

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

yes
