

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 12/12/2023 9:49:09 AM

**Course Ending date:** 4/15/2024 1:28:16 AM

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**Participant's name and License #:**

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ISRAEL

**Date of Evaluation:** 4/15/2024

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**Did this course meet its STANDARD OBJECTIVES?**

Yes, it did

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**Did the Instructor Demonstrate adequate knowledge about the course subject?**

The instructor demonstrates a plenty of knowledge

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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, after inquiring the information

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**Would you recommend this course to other licensed medical professionals?**

I am thrilled by the amount of knowledge of the lecturer. I think that the course should be organized with a table of contents, in order to know how to deal with the large amounts of material

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

yes

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