

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 L (Eczema, Acne, and Candidiasis)

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 4/13/2024 4:32:40 PM

**Course Ending date:** 4/18/2024 1:40:42 AM

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

Tian Wei

China, TCM and Acupuncture

**Date of Evaluation:** 4/18/2024

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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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