

## 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:** 4/2/2024 4:59:26 PM

**Course Ending date:** 6/23/2024 7:04:19 AM

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

Kwan Tung CHAN, Katie  
Hong Kong China, PhD in Homeopathy

**Date of Evaluation:** 6/23/2024

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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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