

PARTICIPATION EVALUATION FORM

NAET Basic and Advanced-1 combined Online Course

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 8/25/2024 12:43:50 PM**Course Ending date:** 9/10/2024 12:41:28 PM

Participant's name and License #:

McKenzie Petersen

Date of Evaluation: 9/10/2024

Did this course meet its STANDARD OBJECTIVES?

Yes

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes

Did the instructor utilize appropriate teaching methods

Yes, however captions would have been helpful and editing the videos to show what the narrator was saying when he/she was saying it would have been helpful to.

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
