

**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:** 7/20/2024 1:32:23 PM  
**Course Ending date:** 8/4/2024 10:51:16 AM

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

**Date of Evaluation:** 8/4/2024

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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?**  
Definitely

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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?**  
I will be able to incorporate most of what I learned in the class, however working with the more severe allergies of class 5 and 6 will be more of a challenge to me. I may not work with those immediately until I get the basics down with the lower IGEs

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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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