

## PARTICIPATION EVALUATION FORM

NAET Basic and Advanced-1 combined Online Course

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 4/22/2024 12:29:33 AM**Course Ending date:** 8/12/2024 8:13:43 AM

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

Carissima D. Nance Coelho

B.C., Canada. Reg. Clinical Counsellor

**Date of Evaluation:** 8/12/2024

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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, however, there was multiple uses of different terms which impacted understanding. For example the term Physiological level was used and then Chemical level was used later, and Basic 15 or Basic 17 were both used throughout.

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**Did the instructor utilize appropriate teaching methods**

Some things were more difficult to understand than others, given the presentation, but overall repetition with further details helped.

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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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