

PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 3/6/2024 5:27:10 AM

Course Ending date: 8/5/2024 9:47:57 PM

Participant's name and License #:

Merav Krispil
Israel

Date of Evaluation: 8/5/2024

Did this course meet its STANDARD OBJECTIVES?

Yes of course

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes of course

Did the instructor utilize appropriate teaching methods

The handouts that were given in the last section are very helpful, it was rather hard to summarize all the protocol. Maybe the use of more handouts can help

Do you feel that you will be able to apply what you have learned from this course to your practice?

yes defenately

Would you recommend this course to other licensed medical professionals?

YES definitely

Do we have your permission to share your views with other practitioners?

YES
