

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: 5/17/2024 8:08:22 PM

Course Ending date: 7/9/2024 9:48:08 AM

Participant's name and License #:

Boe Eby

UT

Date of Evaluation: 7/9/2024

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, sometimes the videos did not sync well with the audio.

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

Yes. Like any training it will need effort, time, and consistency to improve.

Would you recommend this course to other licensed medical professionals?

Yes, if they are interested in this specific practice of work.

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

Yes
