

## 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:** 4/9/2021 8:25:16 AM

**Course Ending date:** 7/15/2024 4:06:23 PM

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

Jean-Michelle Ajon  
NY

**Date of Evaluation:** 7/15/2024

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**Did this course meet its STANDARD OBJECTIVES?**

I believe so. It will become clearer once I begin to implement what has been taught.

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**Did the Instructor Demonstrate adequate knowledge about the course subject?**

Yes.

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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?**

Yes, I think most of it. I will not know until I begin to apply what I`ve learned.

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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?**

No

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