

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: 5/8/2024 11:19:24 PM

Course Ending date: 7/9/2024 11:05:16 PM

Participant's name and License #:

Weston Sorenson, DC

Utah

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. I`m so grateful to have learned as directly as possible from Dr. Devi Nambudripad.

Did the instructor utilize appropriate teaching methods

Overall, I think so. I loved the videos, and pictures. I just wish there had been more information presented on the slides, as well as pictures and smaller videos to look at while learning individual pieces.

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

Yes.

Would you recommend this course to other licensed medical professionals?

I would.

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

yes
