

PARTICIPATION EVALUATION FORM

NAET Advanced 2 L (Eczema, Acne, and Candidiasis)

Provider's Name and Number

Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 6/17/2024 8:56:36 AM**Course Ending date:** 8/7/2024 7:28:53 AM

Participant's name and

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License #: SC**Date of Evaluation:** 8/7/2024

Did this course meet its STANDARD OBJECTIVES?

Yes, the course met its objectives.

Did the Instructor Demonstrate adequate knowledge about the course subject?

Yes, the instructor is very knowledgeable about the subject.

Did the instructor utilize appropriate teaching methods

Yes, teaching methods are appropriate for online course.

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

Definitely, I have several clients with various skin issues. All of these problems were addressed in this course.

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
