

**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:** 7/19/2024 1:02:47 PM  
**Course Ending date:** 10/9/2024 5:37:14 PM

---

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

**Date of Evaluation:** 10/9/2024

---

**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

---

**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?**  
Yes

---

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

---