

## PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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**Provider's Name and Number**

Dr. Devi S. Nambudripad, AC 089

**Course Beginning date:** 8/5/2024 5:54:50 PM**Course Ending date:** 12/1/2024 1:53:12 PM

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

Tonja dubovenko  
Michigan

**Date of Evaluation:** 12/1/2024

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

Yes

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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**

Wish there were more live videos

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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

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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?**

Yes

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