

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: 8/25/2024 9:52:31 AM

Course Ending date: 2/6/2025 4:12:04 PM

Participant's name and License #:

Julie Simmonds
Colorado

Date of Evaluation: 2/6/2025

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

There needed to be more videos and better visuals that are downloadable for the acupuncture points, meridians.

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
