PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

Provider's Name and Number
Dr. Devi S. Nambudripad, AC 089

Course Beginning date: 3/7/2025 9:07:28 AM
Course Ending date: 3/18/2025 7:20:46 PM

Participant's name and License #:
Jessie Conley
Washington, RN

Date of Evaluation: 3/18/2025

Did this course meet its STANDARD OBJECTIVES?
yes and I really appreciate the downloads and her going over the Boosters and clarifying exactly what they are.

Did the Instructor Demonstrate adequate knowledge about the course subject?
Oh, yes, Dr. Devi exceeds all standards of adequate knowledge on the subject of eliminating allergens.

Did the instructor utilize appropriate teaching methods
Yes, she uses visuals, auditory, manuals and downloads. I feel satuated with information.

Do you feel that you will be able to apply what you have learned from this course to your practice?
Yes, I will feel good to have a local instructor just check my knowledge and watch me perform and make any corrections I need to make.

Would you recommend this course to other licensed medical professionals?
Yes, it is so needed today.

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