PARTICIPATION EVALUATION FORM

NAET Advanced 2 P

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

Course Beginning date: 7/3/2025 2:33:56 PM
Course Ending date: 10/21/2025 9:55:35 AM

Participant's name and License #:
Weston Sorenson
Utah

Date of Evaluation: 10/21/2025

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
I think having a few more bullet points on the slides would be good to have through out the course, but otherwise, I think she did.

Do you feel that you will be able to apply what you have learned from this course to your practice?
I believe so. I am a little shaky on some of the steps in the overall procedure, but like Dr. Devi said, I plan to review the material as many times as necessary to feel competent before I try to tackle an anaphylactic case.

Would you recommend this course to other licensed medical professionals?
yes

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