

## PARTICIPANT EVALUATION FORM

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CE Provider Name and Number

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Date(s) of Course

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Course/Seminar Title

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Instructor Name

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Participant's Name and License Number

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Date of Evaluation



Did this course meet its stated objectives?

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Did the instructor demonstrate adequate knowledge of the course subject?

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Did the instructor utilize appropriate teaching methods?

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Do you feel that you will be able to apply what you have learned today to your practice?

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Would you recommend this course to other licensed acupuncturists?

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Additional Comments:

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