

**PARTICIPANT EVALUATION FORM**

\_\_\_\_\_  
**CE Provider Name and Number**

\_\_\_\_\_  
**Date(s) of Course**

\_\_\_\_\_  
**Course/Seminar Title**

\_\_\_\_\_  
**Instructor Name**

\_\_\_\_\_  
**Participant's Name and License Number**

\_\_\_\_\_  
**Date of Evaluation**

**Did this course meet its stated objectives?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did the instructor demonstrate adequate knowledge of the course subject?**

\_\_\_\_\_  
\_\_\_\_\_

**Did the instructor utilize appropriate teaching methods?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you recommend this course to other licensed acupuncturists?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_