

千帆大學繼續教育學院
University of Herbal Medicine

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PARTICIPANT EVALUATION FORM

MUST BE RETAINED BY PROVIDER FOR FOUR YEARS

Please scan and send it to hope@consotherapy.com.cn

CE PROVIDER NO: 378

COURSE/SEMINAR TITLE : Training of New Classic Herbal Prescription Specialist , Level D

COURSE Type: Online (Zoom)

Date(s) of Attendance:

PARTICIPANT NAME _____ LAC# _____

DATE OF EVALUATION:

DID THIS COURSE MEET ITS STATED OBJECTIVES?

所教课程达到所陈诉的教学目的了吗

DID THE INSTRUCTOR DEMONSTRATE ADEQUATE KNOWLEDGE OF THE COURSE SUBJECT?

老师是否表现出这个课程所需要的适当知识

DID THE INSTRUCTOR UTILIZE APPROPRIATE TEACHING METHODS?

老师运用了适当的教学方法吗

DO YOU FEEL THAT YOU WILL BE ABLE TO APPLY WHAT YOU HAVE LEARNED TODAY TO YOUR PRACTICE?

你感觉你可以将今天所学运用在临床实践中吗

WOULD YOU RECOMMEND THIS COURSE TO OTHER LICENSED ACUPUNCTURISTS?

你会推荐这个课程给其它针灸师吗

ADDITIONAL COMMENTS: 额外评价