

 Office Use

Date Received \_\_\_\_\_\_

Received from \_\_\_\_\_\_

 Course Evaluation Form

 课程评估表

□ LAC □ NCCAOM □ Both

This form is to be filled out by each participant to evaluate the program and instructor (s) on their performance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Information**

Date:8/04/2024-8/08/2024 Program Title：Professional Herbal Dietary Therapy

Program Location: live webinar

Instructor: Dr. Jeffrey Zhongxue Mah

**Rate the overall program**

 Poor Excellent

The overall quality of the program was 1 2 3 4 5

please rate how you would use the information obtained in this course in your daily operation (please circle).

will not use 1-25% 25-50% 50-75% 75-100%

If a program fee was charged, do you feel that the fee was (circle one): **Appropriate too High**

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\* Please use the additional page of this form if you have more than one topic or subject area, There is space for three additional topic on each additional page.

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rate each topic area separately**

Topic Area**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Poor Excellent

Rate the quality of the presentation and overall usefulness 1 2 3 4 5

Were the facilities appropriate for the event 1 2 3 4 5

Were the instructors knowledgeable and well prepared 1 2 3 4 5

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

**Rate each topic area separately**

Topic Area**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Rate each topic area separately**

Topic Area**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Additional Comments:

Please email the completed form to: **hope@consotherapy.com.cn**

If you need PDA credits, please CC ceu.vitalityuniversity@gmail.com