

Chelation Course Evaluation						
[Vancouver, BC] - [February 4-5th, 2017]						
Designation: ND: 11 Registered Acupuncturist: 0						
	Excell-ent	Very Good	Good	Fair	Poor	Very Poor
1. The facility as a whole was	3	1	5	0	0	0
2. The comfort level in the facility was	3	2	4	0	0	0
3. The course as a whole was	6	3	0	0	0	0
4. The course content was	7	3	0	0	0	0
5. The instructor's contribution was	7	2	0	0	0	0
6. The effectiveness in teaching was	7	1	1	0	0	0
7. Course organization was	7	1	1	0	0	0
8. Clarity of instructor's voice was	7	2	0	0	0	0
9. Explanations were	7	2	0	0	0	0
10. Use of examples and illustrations were	8	1	0	0	0	0
11. Confidence in instructor's knowledge was	8	1	0	0	0	0
12. Qualities of problems raised were	7	2	0	0	0	0
13. Instructor's enthusiasm was	8	1	0	0	0	0
14. Encouragement to express your thoughts was	8	1	0	0	0	0
15. Answers to your questions were	6	2	1	0	0	0
16. Availability of extra help when needed was	7	2	0	0	0	0
17. Use of class time was	5	4	0	0	0	0
18. Opportunity for practicing what was learned	4	1	1	0	0	0
19. Amount you learned in the course was	8	1	0	0	0	0
20. Relevance and usefulness of course was	8	1	0	0	0	0
21. Clarity of your responsibilities was	8	0	1	0	0	0
22. Usefulness of Advanced IV & Chelation chart	9	0	0	0	0	0
23. Explanation of the chart was	8	1	0	0	0	0
TOTALS	156	35	14	0	0	0

	Yes	No		
Did you feel confident using IV Therapies before the course?	9	0		
Do you feel more confident using IV Therapies after the course?	9	0		
Will you be using IV Therapies in the future?	9	0		
Would you recommend this course to other ND's?	9	0		
Have you used IV therapies in your practice prior to coming here?	9	0		
	0-2 years	2-5 years	5 + years	
If yes how long have you been using IV's in your practice?	5	1	3	
How long have you been a licensed professional?	5	0	4	
Why would you recommend/not recommend this course?				
Yes				
<i>As it is the cole's notes version of chelation you leave being able to implement things into your practice the next day!</i>				
<i>Clinical application</i>				
<i>The charts, comprehensive coverage and the confidence to apply what you have learned</i>				
<i>Recommend</i>				
What would you change about this course?				
<i>Nothing</i>				
<i>All good</i>				
Would you like to take further courses given by Michael A. Prytula ND?	Yes	No		
	8	0		

What course(s) would you be interested in attending? Please check ALL that apply:		
E. A. T. (Eliminate Allergy Technique)	5	
M. E. T. (Microorganism Elimination Technique)	7	
M. R. T. (Mental Reprogramming Techniques)	3	
IV OZONE	4	
IV CHELATION	0	
CHEMICAL DETOX	7	
Is there a topic NOT listed that you would like to see a workshop given for?		
	Yes	No
	4	1
If YES please specify:		
<i>Parasites</i>		
<i>Emergency Medicine</i>		
<i>Prilo therepy</i>		
<i>Would like to do the emergency procedures course</i>		
<i>Emergency</i>		