

| Oxidative Therapies Course Evaluation | | | | | | | |
|--|--|-------------------|------------------|-------------|-------------|-------------|------------------|
| [Vancouver, BC] - [January 28th-29] | | | | | | | |
| Designation: ND: 10 Registered Acupuncturist: 0 | | | | | | | |
| | | Excell-ent | Very Good | Good | Fair | Poor | Very Poor |
| 1. The facility as a whole was | | 2 | 4 | 3 | 0 | 0 | 0 |
| 2. The comfort level in the facility was | | 2 | 4 | 2 | 1 | 0 | 0 |
| 3. The course as a whole was | | 4 | 4 | 1 | 0 | 0 | 0 |
| 4. The course content was | | 4 | 4 | 1 | 0 | 0 | 0 |
| 5. The instructor's contribution was | | 5 | 4 | 0 | 0 | 0 | 0 |
| 6. The effectiveness in teaching was | | 5 | 3 | 1 | 0 | 0 | 0 |
| 7. Course organization was | | 5 | 3 | 1 | 0 | 0 | 0 |
| 8. Clarity of instructor's voice was | | 6 | 3 | 0 | 0 | 0 | 0 |
| 9. Explanations were | | 5 | 1 | 3 | 0 | 0 | 0 |
| 10. Use of examples and illustrations were | | 4 | 3 | 2 | 0 | 0 | 0 |
| 11. Confidence in instructor's knowledge was | | 6 | 3 | 0 | 0 | 0 | 0 |
| 12. Qualities of problems raised were | | 3 | 3 | 3 | 0 | 0 | 0 |
| 13. Instructor's enthusiasm was | | 4 | 4 | 1 | 0 | 0 | 0 |
| 14. Encouragement to express your thoughts was | | 4 | 4 | 1 | 0 | 0 | 0 |
| 15. Answers to your questions were | | 5 | 0 | 3 | 1 | 0 | 0 |
| 16. Availability of extra help when needed was | | 5 | 3 | 1 | 0 | 0 | 0 |
| 17. Use of class time was | | 6 | 1 | 2 | 0 | 0 | 0 |
| 18. Opportunity for practicing what was learned | | 7 | 2 | 0 | 0 | 0 | 0 |
| 19. Amount you learned in the course was | | 5 | 3 | 1 | 0 | 0 | 0 |
| 20. Relevance and usefulness of course was | | 6 | 4 | 0 | 0 | 0 | 0 |
| 21. Clarity of your responsibilities was | | 4 | 4 | 1 | 0 | 0 | 0 |
| 22. Usefulness of Advanced IV & Chelation chart | | 6 | 3 | 0 | 0 | 0 | 0 |
| 23. Explanation of the chart was | | 5 | 3 | 1 | 0 | 0 | 0 |
| TOTALS | | 108 | 70 | 28 | 2 | 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? | 8 | 0 | | |
| | | | | |
| | 0-2 years | 2-5 years | 5 + years | |
| If yes how long have you been using IV's in your practice? | 2 | 3 | 3 | |
| How long have you been a licensed professional? | 2 | 3 | 3 | |
| Why would you recommend/not recommend this course? | | | | |
| <i>Affordable and applicable to practice</i> | | | | |
| <i>Enjoys the hands on aspect of the course and actually doing the IV's</i> | | | | |
| <i>Concise and clear information</i> | | | | |
| <i>Benefits of the treatments</i> | | | | |
| <i>Great hands on learning</i> | | | | |
| | | | | |
| | | | | |
| What would you change about this course? | | | | |
| <i>A breakdown of when to use IV Ozone Vs. H2o2 Vvs. UVBI would be helpful</i> | | | | |
| <i>Nothing</i> | | | | |
| <i>Getting super clear on when one modality would be better over another and rational</i> | | | | |
| <i>More clarity on exactly what to order and when to use what therapy</i> | | | | |
| <i>Clearer outline of when you would use each modality</i> | | | | |
| Would you like to take further courses given by Michael A. Prytula ND? | Yes | No | | |
| | 6 | 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) | 4 | |
| M. R. T. (Mental Reprogramming Techniques) | 2 | |
| IV OZONE | 1 | |
| IV CHELATION | 5 | |
| CHEMICAL DETOX | 3 | |
| Is there a topic NOT listed that you would like to see a workshop given for? | Yes | No |
| | 2 | 1 |
| If YES please specify: | | |
| <i>Injections - Prolo therapy</i> | | |
| <i>Parasitic elimination</i> | | |
| <i>All things digestive</i> | | |
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