

Auriculotherapy Training Course

FINAL SURVEY

Thank you so much for being a part of this program with us. We appreciate you and your desire to learn and use Auriculotherapy in your practice to help others!

We are always looking for ways, big and small, to add value to this course and exceed your expectations. Please use this opportunity to freely share your input, ideas and feedback!
We welcome it all!

Upon completion of this survey please email it back to us at Info@earseeds.com.
This survey is required in order to receive your certifications.
Thank you!

Your Name: _____

License #: *(If Applicable)* _____

Date of Course Completion _____

Auriculotherapy Training Course

Final Survey

1. What type of practitioner or therapist are you?

2. How long did it take you to complete the course?

3. Prior to this course, how familiar were you with Auriculotherapy?

4. What motivated you to take this course?

5. What is your favorite aspect about the course content/delivery?

6. What suggestions do you have to help us improve the course moving forward?

7. How has learning this information impacted your practice / life?

8. What would you tell a friend / fellow practitioner if they were considering signing up for the course?

9. Any additional comments / insight you want to share? We love your feedback!

OPTIONAL: I agree to allow Tova & Elie to use my feedback in their marketing materials for this course.

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Final Survey

Please select the appropriate box below:

1. I will use the information that I have learned in my practice.

Strongly Agree *Agree* *Strongly Disagree*

2. The course was challenging and motivated me to learn.

Strongly Agree *Agree* *Strongly Disagree*

3. The number of CEs the course offered directly correlated with the time it took me to complete the course.

Strongly Agree *Agree* *Strongly Disagree*

4. The course material matched the learning objectives.

Strongly Agree *Agree* *Strongly Disagree*

5. The course information was well organized.

Strongly Agree *Agree* *Strongly Disagree*

6. The information was relevant to my profession.

Strongly Agree *Agree* *Strongly Disagree*

7. I would suggest this course and instructor to a peer.

Strongly Agree *Agree* *Strongly Disagree*

8. I rate my overall course experience as excellent.

Strongly Agree *Agree* *Strongly Disagree*

9. This course was worth the money I paid to take it.

Strongly Agree *Agree* *Strongly Disagree*