

NOTARY EDUCATION PROVIDER REVIEW CHECKLIST

Provider Name: _____

Provider Number: _____ **Date(s) of Review:** _____

Application

1. _____ Complete with provider name, address, signature, etc.
2. _____ Business Registry Number is active with Corporation Division.

Lesson Plan

3. _____ Has table of contents and consecutively-numbered pages
4. _____ Procedures in place to ensure students receive 3 hours of instruction
5. _____ Includes schedule of activity cumulating 3 hours of instruction
6. _____ Indicates visual aids being used, methods of student participation, etc.
7. _____ Indicates handouts being used and encloses copies
8. _____ Indicates whether course evaluation is being used and, if so, provides copy

Proof of Completion

9. _____ Provides copy of Certificate of Education
10. _____ Proof has name of provider as indicated on application
11. _____ Proof has name of student who completed course
12. _____ Proof has date of completion
13. _____ Proof indicates it is for the 3 hours
14. _____ Proof has statement: "*Certificate of Education shall be valid for a period of six (6) months from date of issuance.*"

15. _____ Proof has statement: *“The student must provide the Notary Education Identification Number on the notary public application when submitted to the Secretary of State.”*
16. _____ Proof has place for provider (instructor, et al.) to sign
17. _____ Proof has unique provider ID number
18. _____ Proof has date of issuance
19. _____ Proof is titled “Certificate of Education”

List of Attendees

20. _____ Provider includes format for List of Attendees
21. _____ Provider describes how list will be secured for 5 years from unauthorized access
22. _____ List indicates name of approved provider
23. _____ List indicates unique provider ID number
26. _____ List indicates name of instructor who taught course
27. _____ List indicates date, time and location of course
28. _____ List indicates names of attendees
29. _____ List indicates whether Certificate of Education was issued
30. _____ Provider indicates that no social security numbers will be collected

Refund Policy

31. _____ Provider states the refund policy

Workbook, Guidebook, etc.

32. _____ All 100 Important Knowledge Statements are Addressed