

**NOTARY EDUCATION PROVIDER REVIEW CHECKLIST
(Online Education)**

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 attend entire course
5. _____ Include schedule of activity for course of study
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 has statement: *“The Certificate of Education must be valid for a period of six (6) months from the date of issuance.”*
14. _____ Proof has statement: *“The student must provide the Notary Education Identification Number on the notary public application when submitted to the Secretary of State.”*

15. _____ Proof has place for provider (instructor, et al.) to sign
16. _____ Proof has unique provider ID code and a unique six-digit number
17. _____ Proof is titled “Certificate of Education”

List of Attendees

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

Refund Policy

27. _____ Provider states the refund policy

Workbook, Guidebook, etc.

28. _____ All Important Knowledge Statements are Addressed