

## Pension Review Board

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: [prb@prb.state.tx.us](mailto:prb@prb.state.tx.us)

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### Minimum Education Training Program Form (PRB-2000)

The Pension Review Board (the Board) has adopted rules outlining the Minimum Educational Training (MET) Program, contained in 40 Texas Administrative Code, Chapter 607, for trustees and system administrators of public retirement systems. New trustees and system administrators (those assuming duties after January 1, 2015) are required to complete the 7-hour core training requirement within their first year of service, and will need to complete the 4-hour continuing education requirement every 2 years thereafter.

Current trustees and administrators (those already serving on January 1, 2015) will have until December 31, 2016 to either complete the first-year, 7-hour core training requirement or apply for and receive credit for comparable training completed within the previous 2 years (between Jan. 1, 2013 and Dec. 31, 2014). Please use the Previous Training Approval Form to request credit for previous training.

The 7 hours of the Core must include training in all of the 7 core content areas, and no less than half a credit hour, and no more than 2 credit hours, may be earned in any one content area. Systems applying for approval of previous training activities should first read the MET Program rules and refer to the Curriculum Guide to help determine whether the training may meet the criteria for credit. After the Core, trustees and system administrators will move to the Continuing Education (CE) portion of the program, and must complete 4 hours of training in either Core or Non-Core content areas every 2 years thereafter.

The MET requirements, and this form, do not apply to defined contribution plans or retirement systems consisting exclusively of volunteers organized under the Texas Local Fire Fighters Retirement Act.

This form may be used to submit completed minimum training activities to the Board. Please follow these instructions.

1. Please use as many pages as necessary to accommodate the number of trustees on the system's governing body. **Submit only one form per system.**
2. Please use the Previous Training Approval Form to request credit for training completed in 2013 and 2014.
3. If no training hours were completed, please check the “no training to report” box located at the top right side of the application.
4. Please fill out the form in its entirety. If you have any questions, please contact PRB staff at [prb@prb.state.tx.us](mailto:prb@prb.state.tx.us) or (512) 463-1736.

**The Board may request additional supporting materials, including documentation indicating completion of the training activity, on a case-by-case basis.** To avoid delay in processing your application, please fill out all requested information.

**Please submit by using the Submit by Email button on the upper right hand corner of the first page of the form or email form to: [prb@prb.state.tx.us](mailto:prb@prb.state.tx.us).**

**Completed forms may also be faxed to: (512) 463-1882, or mailed to: Pension Review Board, P.O. Box 13498, Austin, TX 78711**



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**Note:** Please use as many pages as needed for additional trustees.

**Trustee Name** \_\_\_\_\_

Course Title	Topics Covered	Sponsor	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____

**Trustee Name** \_\_\_\_\_

Course Title	Topics Covered	Sponsor	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

**Note:** For e-mail submissions, by typing your name on the signature line below you are signing this document.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date













