

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. Trustees and system administrators are required to complete the 7-hour Core training requirement within their first year of service, and the 4-hour Continuing Education (CE) requirement every 2 years thereafter. Trustees and system administrators may only receive CE credit hours once they have completed the Core requirement and they have reached their one year anniversary of service.

More information on the on MET requirements, including accredited sponsors, can be found at <http://www.prb.state.tx.us/resource-center/trustees-administrators/educational-training-program/>.

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.

Systems must submit a PRB-2000 form by **September 1** (for training completed August 1 of the previous year through July 31).

This form may be used to submit completed MET 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. Please note systems should feel free to submit the required information in another format, such as Excel spreadsheets. If doing so, please leave the form blank but sign it and submit it along with the information.
2. If no training hours were completed, please check the "no training to report" box located at the top right side of the form.
3. Please fill out the form in its entirety. If you have any questions, please contact PRB staff at prb@prb.texas.gov 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 the form, please fill out all requested information.

Please submit by e-mailing the form to: prb@prb.texas.gov. Completed forms may also be faxed to: (512) 463-1882, or mailed to: Pension Review Board, P.O. Box 13498, Austin, TX 78711.

Minimum Education Training Program Form

PRB-2000

Retirement System Profile

☐ **No Training to Report**

System Name		Phone Number	
Report Contact Name (Please Print)		E-mail	

Instructions

Course Title: Please provide the name of the course completed (Abbreviate as necessary).

Topics Covered: Enter the letter(s) that correspond(s) with topic areas covered by the course:
Core: (F) Fiduciary Matters (G) Governance (E) Ethics (I) Investments (A) Actuarial Matters
 (B) Benefits Administration (R) Risk Management.
Continuing Education (CE): (CM) Compliance (CI) Custodial Issues (L) Legal & Regulatory
 (AC) Pension Accounting (PA) Plan Administration (O) Open Meetings
 (PI) Public Information Act.

Sponsor: Please name the organization or individual that provided the training.

Credit Hours: MET credit hours should be measured in terms of 60-minute contact hours. Video instruction should be measured by the running time of the video. All fractions of a credit hour should be indicated with a decimal. Breaks and other non-educational activities, such as promotional information must be excluded.

Location: Enter city and state where the course was taken. May enter "online" and include website.

Date: Enter the day, month and year the course was taken.

Instructor: Please provide the course instructor's first initial and last name, for all instructors of the course, and his or her title.

System Administrator Name _____

[illegible]



P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

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

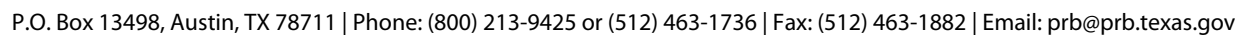
P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

Trustee Name _____

[illegible]

Trustee Name _____

[illegible]

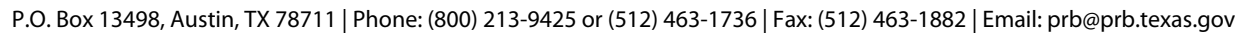


Trustee Name _____

[illegible]

Trustee Name _____

[illegible]



Trustee Name _____

[illegible]

Trustee Name _____

[illegible]

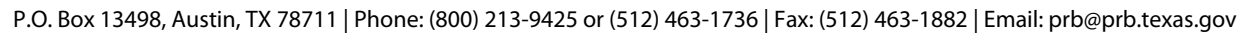
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Trustee Name _____

[illegible]

Trustee Name _____

[illegible]



Trustee Name _____

[illegible]

Trustee Name _____

[illegible]