

Minimum Educational Training Registration Form (PRB-150)

The Pension Review Board (PRB) has adopted rules outlining the Minimum Educational Training (MET) Program for trustees and administrators of Texas public retirement systems (PRS) (40 Texas Administrative Code, Chapter 607). To enable the PRB to track systems' compliance with minimum training requirements, the rules require systems to provide the PRB with basic information regarding their trustees and system administrator annually.

These 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.

Some basic instructions follow.

1. Please use as many pages as necessary to accommodate the number of trustees on the PRS' board.
2. Please note that a PRS may apply for an **exemption from the training requirement for system administrators** if the system has an outside administrator (**bank or financial institution**) or a **trustee** fills that role. Please ensure a [Certification Letter for Exemption of Certain System Administrators](#) has been sent to the PRB.
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.

Systems must submit a PRB-150 form to the PRB by **April 1 annually** and must also send an updated form within 30 days of any change.

The PRB may request additional information on a case-by-case basis.

Please submit by uploading the form to the Pension Online Reporting Tool: <http://portal.prb.texas.gov>.

MET PROGRAM REGISTRATION FORM (PRB-150)

Retirement System Profile

No Changes Since Previous Report

System Name	Phone Number
System Contact Name (Please Print)	Email:

Changes to the Board

Names of Outgoing Trustees/System Administrators	End Date:

System Administrator

Name	Title
Phone Number	Fax Number
Email	Date of Hire
System Administrator for other retirement system board(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which retirement system board(s)? _____	

CERTIFICATION

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

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

Authorizing Signature	Printed Name
Date	

Trustee

Name	Mailing Address	
Phone Number	Email	
Position (Chair, Vice-Chair, Secretary, etc.)	Trustee Type (Active, Retired, Citizen, Employer, etc.)	
Term Length	Term Start Date	Term End Date
Trustee on other retirement system board(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which retirement system board(s)? _____		

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