Minimum Education Training Program Form (PRB-2000)

The Pension Review Board (PRB) has adopted rules outlining the Minimum Education Training (MET) Program, contained in 40 Texas Administrative Code, Chapter 607, for trustees and system administrators of public retirement systems (PRS). Trustees and system administrators are required to complete the seven-hour core training requirement within their first year of service, and the two-hour continuing education (CE) requirement every calendar year thereafter. Trustees and system administrators may only receive CE credit hours once they have completed the core requirement and their first year of service.

First year of service is defined as the calendar year in which an individual assumes one's position on the PRS board or is hired to serve as administrator if the date occurs before September 1 of the calendar year. For individuals who assume a position on the PRS board or are hired to serve as administrator on or after September 1 of a calendar year, the first year of service refers to the next calendar year. In exceptional circumstances, trustees and administrators can apply to the PRB for a one-time, three-month extension to complete core training. Please see the First Year of Service Training Extension Request form for more information on the application process.

More information on the MET requirements, including accredited training providers, can be found at https://www.prb.texas.gov/education-met-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 **April 1 of each year** (for training completed during the previous calendar year and any previously unreported training).

This form shall be used to submit completed MET activities to the PRB. Please follow these instructions.

1. Please use as many pages as necessary to accommodate the number of trustees on the PRS board. 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 **all** the required 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. 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 PRB may request additional supporting materials, including documentation indicating completion of the training activity, on a case-by-case basis.

All MET training, including training through the PRB on the agency website **must** be recorded and submitted on the PRB-2000 form.

To avoid delay in processing the form, please fill out **all required information.**

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

Note: If a system wishes to report training through another format, such as an excel spreadsheet, the submission must be converted into a PDF and sent along with a signed PRB-2000. If doing so, ensure that all required information is included.

Minimum Education Training Program Form (PRB-2000)

Retirement System Profile

☐ No Training to Report

_____   _____
System Name   Phone Number

_____   _____
System Contact Name (Please Print)   Email

Instructions

Please provide **all** of the following information for each course completed.
Conferences must have each session and its information listed out to be accepted

Course Title: Please provide the name of the course completed.

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.

Training Provider: 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 provider the course instructor's first initial and last name, for all instructors of the course, and his or her title.

System Administrator Name _____

Course Title	Topics Covered	Training Provider	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
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Note: *Please use as many pages as needed for additional trustees.*

Trustee Name _____

Course Title	Topics Covered	Training Provider	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
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Trustee Name _____

Course Title	Topics Covered	Training Provider	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 online submissions, by typing your name on the signature line below, you are signing this document.*

_____   _____
Authorizing Signature   Printed Name

_____
Date

Trustee Name _____

Course Title	Topics Covered	Training Provider	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
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Last Revised: Oct. 2024

Trustee Name _____

Course Title	Topics Covered	Training Provider	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
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Trustee Name _____

Course Title	Topics Covered	Training Provider	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title
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Trustee Name _____

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Trustee Name _____

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