

# Pension Review Board

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

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## Individual Course Approval Application

The Pension Review Board (the Board) has adopted rules outlining the new Minimum Educational Training (MET) Program, contained in 40 Texas Administrative Code, Chapter 607, for trustees and system administrators of public retirement systems in Texas.

This form may be used by **course sponsors** or **course participants** who wish to submit one or multiple MET activities for approval by the Board.

All those applying for approval of MET activities by non-accredited sponsors should first read the MET Program rules and refer to the Curriculum Guide for Minimum Educational Training to obtain further direction on core and non-core content areas. These documents can be found on the Board's website at <http://www.prb.state.tx.us>.

Applications for accreditation of an MET activity by a non-accredited sponsor must be submitted at least 30 days in advance of the activity. In certain cases, the Board may approve applications filed less than 30 days in advance, or applications filed after the MET activity.

A separate application is required for each MET activity unless the activity is being repeated in exactly the same format but on different dates and/or locations. Repeat presentations may be added to an existing application for a twelve month period following the effective date of approval of an MET activity.

The Board shall review each application and notify the applicant of acceptance or rejection of the MET activity. An acceptance in any given year shall not bind the Board to accept an MET activity in any future year.

To avoid delay in processing your application, please fill out all requested information.

**This form must be accompanied by a sample agenda, course outline, or course materials describing course content.**

**The Board may request additional supporting materials on a case-by-case basis.**

Please submit by using the Submit by Email button on the upper right hand corner of the first page of the form or e-mail 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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## Individual Course Approval Application

### Organization Information

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Organization Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

### Type of Organization

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- Retirement System
- Professional or Trade Organization (Non-profit)
- For-profit Organization
- University or College
- Other, please specify: \_\_\_\_\_

To complete the section on the next page:

#### Instructions

<b>Course Title</b>	Please provide the name of the course to be offered (Abbreviate as necessary)
<b>Topics Covered</b>	Enter the letter(s) that correspond(s) with subject areas covered by the course. <b>CORE:</b> (F) Fiduciary Matters (G) Governance (E) Ethics (I) Investments (A) Actuarial Matters (B) Benefits Administration (R) Risk Management <b>NON-CORE:</b> (CM) Compliance (CI) Custodial Issues (L) Legal & Regulatory (AC) Pension Accounting (PA) Plan Administration (O) Open Meetings (PI) Public Information Act
<b>Delivery Method</b>	Enter the number that corresponds with the method of delivery. (1) Distance learning (video/audio/online instruction) (2) Classroom Instruction
<b>Credit Hours</b>	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.
<b>Location</b>	Enter city and state where the course will be offered. May enter "online" and include website.
<b>Date</b>	Enter month and year the course will be offered. May indicate "on demand" if offered online.
<b>Instructor</b>	Please provide the course instructor's first initial and last name, for all instructors of the course.

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## Course Information (may be attached separately)

Course Title	Topics Covered	Delivery Method	Credit Hours	Location (City/State)	Date	Instructor/Title
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

The following questions are for course participants only and answers may be attached separately if more room is needed.

**Why did you choose this course from a non-accredited sponsor?**

**How does this course improve your professional competency as a Trustee/System Administrator?**

## Submitter Information

Course Participant       Course Sponsor

Submitter's Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

(Note: For e-mail submissions, by typing your name on the "Signature" line below you are signing the document.)

_____	_____
Signature	Date

**Submission of this form does not guarantee acceptance of the course by the Board.**