

## 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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### Sponsor Accreditation Application

The Pension Review Board (the Board) has adopted rules outlining the new Minimum Educational Training (MET) Program for trustees and administrators of public retirement systems in Texas (40 Texas Administrative Code, Chapter 607). Under the rules all Minimum Educational Training must be provided either by sponsors that have been accredited by the Board, or by individual courses that have received approval from the Board.

Organizations who only wish to apply for the approval of individual course(s) should use the Individual Course Approval Application Form: please [click here](#).

All sponsors applying for accreditation should first read the MET Program Rules and the Curriculum Guide for Minimum Educational Training. These documents can be found on the Board's website at <http://www.prb.state.tx.us>.

To become accredited the sponsor must complete the Sponsor Accreditation Application Form and return it along with any required supporting material to the Board. A sponsor may be accredited to offer activities in core areas, non-core areas, or both. Board staff will review each application and notify the sponsor of its acceptance or rejection.

All MET offered by accredited sponsors must meet Board standards in Chapter 607 of Title 40 of the *Texas Administrative Code*. The sponsor is responsible for ensuring the program materials present the necessary learning objectives and for maintaining the documentation required.

After an initial two-year period of accreditation, and again after each subsequent four-year period of accreditation, accredited sponsors must apply for renewal of accredited sponsor status. The Board may review a sponsor's accreditation status at any time it deems necessary. Accreditation in any given year shall not bind the Board to accept a sponsor 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 or outline describing the content of each course to be offered. 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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## Sponsor Accreditation Application

### Sponsor 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: \_\_\_\_\_

**The following information may be attached separately.**

**Organization History** (please include how long courses have been offered and in what locations, approvals and denials of accreditation by other governmental entities and complaints concerning past programs or the marketing thereof)

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## Organization Purpose (i.e. for-profit/not-for-profit, services offered, and description of clients served)

### Course Information (may be attached separately)

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

### Instructions

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

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## Submitter Information

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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.**