

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

Individual Course Approval Application

The Pension Review Board (the Board) has adopted rules outlining the 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 through individual courses approved by the Board.

This form may be used by non-accredited **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 individual courses should first read the MET Program rules and refer to the Curriculum Guide for Minimum Educational Training to obtain further direction on Core and Continuing Education (CE) 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.

Please note: in February 2016, the MET [Curriculum Guide](#) was amended to require **Core training activities to cover all of the sub-topics and learning objectives listed in the Curriculum Guide**. Continuing Education training activities are not subject to this requirement.

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 e-mailing the form to: 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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Organization Information

Organization Name	Date	
Address		
City	State	Zip
Contact Person	Phone	
Position	Email	

Type of Organization

- 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

Course Title	Please provide the name of the course to be offered (abbreviate as necessary).
Cost of Training	Please provide the price charged for each participant to complete the course.
Core or CE	Please provide whether the application is seeking Core or Continuing Education (CE) credit hours.
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 Continuing Education (CE): (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, in addition to professional title for all instructors of the course.

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Course Information (may be attached separately)

Course Title	Cost of Training	Core or CE	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.