

Minimum Education Training Program Form

PRB-2000

Retirement System Profile

☐ **No Training to Report**

System Name		Phone Number	
Report Contact Name (Please Print)		E-mail	

Instructions

Course Title: Please provide the name of the course completed (Abbreviate as necessary).

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.

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

System Administrator Name _____

[illegible]



P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

Note: Please use as many pages as needed for additional trustees.

Trustee Name _____

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

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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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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 e-mail submissions, by typing your name on the signature line below you are signing this document.

Authorizing Signature

Printed Name

Date

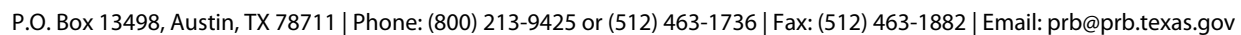
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Trustee Name _____

[illegible]

Trustee Name _____

[illegible]



Trustee Name _____

[illegible]

Trustee Name _____

[illegible]