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

	Minimum	Education `	Training	Program Fo	rm	PRB-2000			
Retirement Syst		No Training to Report							
City of El Paso Employees Retirement Trust System Name David Garcia			(915) 212-1786 Phone Number garciadx1@elpasotexas.gov						
Report Contact Nan	ne (Please Print)	E	E-mail						
		Instr	uctions						
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 Admir	nistrator Name _								
Course Title	Topics Covered	Sponsor	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title			
					s &				
					19				
					0				
					-				



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 Rob							
Course Title	Topics Covered	Sponsor	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title	
iduciary Matters	F	TX PRB	1.00	PRB Online	6/30/23		
Governance	G	TX PRB	0.75	PRB Online	6/30/23		
Ethics	E	TX PRB	0.75	PRB Online	6/30/23		
Actuarial Matters	A	TX PRB	1.50	PRB Online	6/30/23		
Benefits Administration	В	TX PRB	0.75	PRB Oniline	6/30/23		
Risk Management	R	TX PRB	1.00	PRB Online	6/30/23		
	7				_		
Trustee Name							
Course Title	Topics Covered	Sponsor	Credit Hours	Location (City/State)	Date mm/dd/yy	Instructor/Title	
Best Editor (Care)		CERTI	FICATION				
I hereby certify that the pension system to comp	information polete this form	provided above is con	NAME OF STREET	ccurate and that I	am duly auth	norized by the	
Note: For e-mail submissi			ature line belo	ow you are signing t	his document.		
(bull sadie			David Garcia				
Authorizing Signature	Printed Name						

Date