**Request to the State Internal Audit Advisory Board for Quality Assurance Review Team Approval**

Upon completion of this form, please e-mail to Nikki.Lanier@Illinois.gov and Harold.Wagner@ilag.gov.

Attention: SIAAB Chair (<https://siaab.audits.uillinois.edu/SIAAB-Members/>).

To ensure the QAR Team Approval request is included on the agenda for the SIAAB meeting, please submit the request by the first Tuesday of the month prior to the upcoming Board meeting. Once your request form has been received and approved, you will receive the original signed application by mail. This document will serve as the SIAAB Quality Assurance Coordinator Approval of your review team.

Thank you!

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| --- | --- |
| Submission Date: |  |
|  |  |
| Name: |  |
|  |  |
| Title: |  |
|  |  |
| Institution Name: |  |
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| Address: |  |
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| City: |  |
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| State:  |  | Zip Code: |  |
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| Day Phone No.: |  | Fax No.: |  |
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| E-Mail Address: |  |

**Estimated timeline:**
NOTE: Please submit all QAR requests no later than the first Tuesday of the month to ensure inclusion on the SIAAB agenda.

Approval of Review Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start of Quality Assurance Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Draft Report to Assistant Quality Assurance Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Report **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Internal Auditors in audit shop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment Choice:** External or Self with External Validation

**Review Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the review period is less than two years, please provide justification:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of the Quality Assurance Review Team/External Validators:**

Name(s), Position Titles, Institution and Contact information (e-mail address). Please attach resume(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proficiency of the Quality Assurance Review Team/External Validators:**

It is required that at least one, and preferably all, team members have four years of progressively responsible professional auditing experience and certification as a Certified Internal Auditor or Certified Public Accountant OR five years of progressively responsible professional auditing experience. If any team members do not meet this proficiency preference, please describe their alternate expertise/experience and how it enhances the collective proficiency of the review team.

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**Methodology and avenue of documentation for the Quality Assurance Review (e.g., Automated workpapers etc.)**

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**Please attach** [**Confidentiality Policy/Commitment**](https://siaab.audits.uillinois.edu/UserFiles/Servers/Server_4315/File/SIAAB%20Documentation/QAR%20Documents/QAR%202013%20Only/Confidentiality_Policy.pdf) **and** [**Statement of Independence**](https://siaab.audits.uillinois.edu/UserFiles/Servers/Server_4315/File/SIAAB%20Documentation/QAR%20Documents/QAR%202013%20Only/Independent_Statement.pdf) **forms signed and dated by External Reviewer or Validator.**

**Final QAR Report Recipients**Please list all individuals whom should receive the final QAR report acceptance letter.

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Institution Name: |  |
| Address: |  |
| E-Mail Address: |  |

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| Name: |  |
| Title: |  |
| Institution Name: |  |
| Address: |  |
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(If additional recipients need to be listed, please provide their information on a separate page.)

**SIAAB USE ONLY:**

On-line Training Course completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVAL BY THE SIAAB QUALITY ASSURANCE COORDINATOR:

 DATE:

See Article III Quality Assurance Review Program under SIAAB Bylaws: <https://siaab.audits.uillinois.edu/SIAAB_Bylaws/>

A current listing of individuals who have successfully completed the on-line Quality Assurance Review training and thus could serve on a Quality Assurance Review Team, is available on the SIAAB website at [QAR Participants Listing](https://siaab.audits.uillinois.edu/UserFiles/Servers/Server_4315/File/SIAAB%20Documentation/QAR%20Documents/QAR%202017%20Only/QAR%20Participant%20Listing%20-%20Standards%20Effective%20Jan%202017.pdf) .

Revised 8-14-2025