

State of Illinois  
Internal Audit Advisory Board

# BYLAWS

# Article I – Administrative Bylaws

## Section I – Name and Purpose

### 1.1.1 NAME

In accordance with the Fiscal Control and Internal Auditing Act (FCIAA) (30 ILCS 10/2005), the official name of the advisory board shall be the “State's Internal Audit Advisory Board” (SIAAB ~~or Board~~).

### 1.1.2 PURPOSE

~~The Board~~SIAAB shall be responsible for promulgating a uniform set of professional standards and a code of ethics (based on the standards and ethics of the Institute of Internal Auditors, the General Accounting Office, and other professional standards as applicable) to which all State internal auditors must adhere; serving as a clearinghouse for the correlation of internal audit training needs and training designed to meet those needs; and coordinating ~~peer quality assurance reviews~~ (also referred to as ~~quality assurance review~~external assessments or peer reviews) ~~activities~~ among the State's internal audit units. (30 ILCS 10/2005(f))

~~The Board~~SIAAB fulfills its statutory ~~missions responsibilities~~ through the following:

Promulgate a uniform set of professional standards and a code of ethics to which all State internal auditors must adhere:

- Review ~~and officially adopt~~ professional auditing standards, codes of ethics, and related authoritative guidance to determine applicability to State internal auditors;
- Adopt professional auditing standards that support and enhance FCIAA requirements;
- Provide guidance on the appropriate implementation of professional auditing standards within State agencies, offices; retirement systems; and universities;
- Respond to requests for interpretation of professional auditing standards as they relate to both the State internal audit environment and FCIAA requirements;
- Monitor changes in FCIAA, professional auditing standards and codes of ethics to ensure continued conformance.

~~Serve as a clearinghouse for the correlation of~~ Support and supplement the training needs of the State's internal auditors, including: training needs and training designed to meet those needs:

- Co-sponsor ~~the A~~Annual Fall Government Auditing Conference with the Springfield Chapter of The Institute of Internal Auditors,
- Provide free on-line training on current requirements of FCIAA, IIA's International Professional Practices Framework, and other promulgated standards and code of ethics requirements
- Provide a resource repository on the SIAAB web-site which includes additional training, resources, and guidance
- Conduct a periodic survey of State Internal Auditors to identify training needs and preferred training methods and venues

- Incorporate survey results into SIAAB-provided training and resource repository, and coordinate with the Springfield Chapter of The Institute of Internal Auditors

Coordinate quality assurance review activities among the State's internal audit units:

- Establish the standards for the conduct of external and internal quality assurance assessments in accordance with the uniform professional standards adopted by ~~the~~ BoardSIAAB,
- Notify the Chief Executive Officer or BoardSIAAB of organizations that are not compliant with ~~the BoardSIAAB~~'s Quality Assurance Review requirements.
- Establish professional and independence qualifications for quality assurance team members and review proposed team members to determine if proposed team members meet the minimum qualifications,
- Establish quality assurance review reporting format procedures, review and accept of or reject quality assurance review reports,
- Distribute the final quality assurance report and letter accepting or declining to accept the report.

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### Section II - Membership

#### 1.2.1 COMPOSITION

The composition of the 11 member BoardSIAAB shall be in accordance with the Fiscal Control and Internal Auditing Act (FCIAA) and include:

1. The Chief Internal Auditor of the Department of Central Management Services;
2. The Chief Internal Auditor of the Office of the State Comptroller;
3. The Chief Internal Auditor of the Office of the Secretary of State;
4. The Chief Internal Auditor of the Office of the State Treasurer;
5. The Chief Internal Auditor of the Office of the Attorney General; and
6. Six Chief Internal Auditors appointed by the Governor, at least one of these must be Chief Internal Auditor of a State college or university or university governing board (30 ILCS 10/2005(a) and (b))

#### 1.2.2 TERMS

Each appointment by the Governor ~~that~~ is required by the Fiscal Control and Internal Auditing Act ~~shall to~~ be made before February 1<sup>st</sup>. Each member appointed by the Governor shall serve for a three-year term. Members will continue to serve until either reappointed or replaced by the Governor. (Relevant to FCIAA; 30 ILCS 10/2005(c))

A vacancy shall exist whenever a member dies, resigns, or ceases to be employed in the position that qualified the member to serve on ~~the BoardSIAAB~~ in accordance with FCIAA. If a member fails without just cause to attend three (3) or more consecutive BoardSIAAB meetings, with the approval of ~~the BoardSIAAB~~, the Chair will notify the agency represented. Persons appointed to fill a vacancy shall serve the balance of the unexpired term. (Relevant to FCIAA; 30 ILCS 10/2005(d))

### 1.2.3 COMPENSATION

~~Board~~SIAAB members shall receive no additional compensation for their services, but shall be reimbursed by their employing agency for expenses necessarily incurred in the performance of their duties as ~~Board~~SIAAB members. (FCIAA; 30 ILCS 10/2005(e))

### 1.2.4 GENERAL RESPONSIBILITIES

In addition to carrying out ~~the Board~~SIAAB's duties under FCIAA (30 ILCS 10/2005), each ~~Board~~SIAAB member shall handle all ~~Board~~SIAAB communications in a manner consistent with the Open Meetings Act (5 ILCS 120).

Each ~~Board~~SIAAB member shall also work with the Freedom of Information Coordinator ("Officer") to ensure all ~~Board~~SIAAB records are maintained in accordance with the Freedom of Information Act (5 ILCS 140), State Records Act (5 ILCS 160), Identity Protection Act (5 ILCS 179), Personal Information Protection Act (815 ILCS 530), and any other laws protecting the confidentiality of such records.

All ~~Board~~SIAAB members should forward "official" ~~Board~~SIAAB records to the Freedom of Information Coordinator in a timely manner for record retention. ~~Board~~SIAAB records may only be destroyed in accordance with the Application for Authority to Dispose of State Records approved by the State Records Commission.

Each new ~~Board~~SIAAB member must complete the electronic Open Meetings Act (OMA) training curriculum no later than the 90<sup>th</sup> day after the member assumes responsibilities as a member of ~~the Board~~SIAAB, and file a copy of the certificate of completion with the SIAAB FOIA Coordinator (5 ILCS 120/1.05).

## Article I – Administrative Bylaws

### Section III – Officers

#### 1.3.1 OFFICERS OF ~~THE BOARD~~SIAAB

The Officers of ~~the Board~~SIAAB shall include the Chair, Vice Chair, and Immediate Past Chair.

#### 1.3.2 ELECTION OF OFFICERS

Nominations for Chair and Vice Chair shall be made by ~~the Board~~SIAAB, from within ~~the Board~~SIAAB's existing membership, at its January ~~Board~~SIAAB meeting. ~~The Board~~SIAAB shall elect the Chair and Vice Chair by majority vote at the February ~~Board~~SIAAB meeting. The newly elected Chair and Vice Chair shall begin serving their one-year terms immediately. (Relevant to FCIAA; 30 ILCS 10/2005(e))

If the Chair becomes unable to perform his/her duties or no longer holds a position that would allow him/her to continue to serve on ~~the Board~~SIAAB, the Vice Chair shall serve as the Acting Chair until the next ~~Board~~SIAAB meeting, at which time an election shall be held to fulfill the remainder of the Chair and Vice Chair's original term.

If the Chair and the Vice Chair become unable to perform their duties or no longer hold positions that would allow them to continue serving on ~~the Board~~SIAAB, the immediate Past Chair shall serve as the Acting Chair until the next ~~Board~~SIAAB meeting, at which time an election shall be held to fulfill the remainder of the original term.

If the immediate past chair becomes unable to perform their duties or no longer hold positions that allow them to continue serving on ~~the Board~~SIAAB, the previous past chair may serve in this capacity.

### 1.3.3 DUTIES OF OFFICERS

The Chair shall preside at all meetings held by ~~the Board~~SIAAB, and shall perform such other duties as may be imposed by action of ~~the Board~~SIAAB or by its Bylaws. The Vice Chair shall serve in the absence of the Chair and shall perform such other duties as may be imposed by action of ~~the Board~~SIAAB or by its Bylaws. On an annual basis, the Chair and Vice Chair are responsible for successfully completing the Open Meetings Act training provided by the Illinois Office of the Attorney General, and filing a certificate of completion with ~~the Board~~SIAAB. No member of ~~the Board~~SIAAB shall at any time act or purport to act on behalf of or in the name of the State Internal Audit Advisory Board without prior authority from ~~the Board~~SIAAB.

## Article I - Administrative Bylaws

### Section IV - Coordinator Assignments

#### 1.4.1 ASSIGNMENT OF COORDINATORS

To fulfill the duties of the Fiscal Control and Internal Auditing Act (30 ILCS 10/2005), ~~the Board~~SIAAB shall establish coordinators and assign their duties. Each Coordinator shall be an existing ~~Board~~SIAAB member selected by the Chair and approved by a majority of ~~the Board~~SIAAB during the March meeting. The Coordinator(s) shall report to the full ~~Board~~SIAAB and serve a one year term, but may be reappointed and serve until replaced. The Coordinator(s) shall create and maintain written procedures for their function. In addition to their specific duties described below, each coordinator shall also be responsible for ensuring ~~the Board~~SIAAB's website properly reflects any content related to their duties.

~~The Board~~SIAAB shall also establish Special Assistant(s) and Webmaster positions as described below.

Other positions shall be appointed by the Chair whenever they are deemed necessary by ~~the Board~~SIAAB. These positions shall be restricted to their assigned task, shall report their recommendations to ~~the Board~~SIAAB, and shall be dissolved upon the completion and acceptance of their report by ~~the Board~~SIAAB.

#### 1.4.2 QUALITY ASSURANCE COORDINATOR

The Quality Assurance Coordinator is responsible for:

- interpreting all policies and procedures established by the State's Internal Audit Advisory Board related to quality assurance reviews;

- obtaining ~~Board~~SIAAB approval of Statement of Independence and Confidentiality Commitment Forms from each ~~Board~~SIAAB member at the March meeting or as changes occur;
- recruiting Quality Assurance Special Assistants and obtaining ~~Board~~SIAAB approval of their Statement of Independence and Confidentiality Commitment Forms at the March meeting or as needed throughout the year;
- obtaining ~~Board~~SIAAB approval for the Request for Quality Assurance Team form and each team members' Statement of Independence and Confidentiality Commitment Forms;
- signing and returning the approved Request for Quality Assurance Team form to the Chief Audit Executive;
- making recommendation to ~~the Board~~SIAAB regarding the acceptance / disagreement of the Internal Audit Department's Quality Assurance Report; and
- preparing, signing and issuing SIAAB Letter of Acceptance / Disagreement with each Internal Audit Department's Quality Assurance Report.

In addition, the Quality Assurance Coordinator may work with the Assistant Quality Assurance Coordinator to fulfill the following responsibilities:

- assisting the Chief Audit Executives upon request to recruit qualified volunteers for their review teams;
- providing technical assistance to review teams during the course of their reviews; and
- resolving any concerns / disagreements regarding the overall conclusion or attribute conclusions in the Internal Audit Department's Quality Assurance Report.

(Note: This Quality Assurance Coordinator position is instrumental in ~~the Board~~SIAAB's implementation of the ~~peer-quality assurance~~ review program (also referred to as ~~the-quality assurance-peer~~ review) required by FCIAA (30 ILCS 10/2005(f)(3)) and outlined in Article III of these Bylaws.

### **1.4.3 ASSISTANT QUALITY ASSURANCE COORDINATOR AND SPECIAL ASSISTANTS**

In consultation with the Quality Assurance Coordinator, the Assistant Quality Assurance Coordinator is responsible for:

- assisting Chief Audit Executives upon request to recruit qualified volunteers for their review teams;
- providing technical assistance to review teams during the course of their reviews;
- assigning Special Assistants and supervising the performance of technical reviews of Internal Audit Department's Quality Assurance Reports and necessary supporting documentation as outlined in the SIAAB Quality Assurance Coordination Checklist;
- making recommendation to ~~the Board~~SIAAB regarding the acceptance / rejection of the Internal Audit Department's Quality Assurance Report.
- working with the CPE Coordinator to coordinate ~~the Board~~SIAAB's quality assurance review training program.

(Note: The Assistant Quality Assurance Coordinator position is instrumental in ~~the Board~~SIAAB's implementation of the ~~peer-quality assurance~~ review program (also referred to as ~~the-quality~~

assurance-peer reviews) required by FCIAA (30 ILCS 10/2005(f)(3)) and outlined in Article III of these Bylaws.

The Special Assistant(s) shall be existing internal auditors of a State Audit Organization with at least three years of experience selected by the Chair and approved by a majority of ~~the Board~~SIAAB during the March meeting or as needed throughout the year.

The Special Assistant(s) shall be responsible for:

- performing administrative reviews of Internal Audit Department's Quality Assurance Reports and ~~necessary-relevant~~ supporting documentation;
- ensuring a certified internal auditor is involved in each quality assurance review in the event neither a Quality Assurance Coordinator or a member of the review team is certified internal auditor; and
- making recommendation regarding the acceptance / rejection of the Internal Audit Department's Quality Assurance Report.

(Note: This Special Assistant position(s) is instrumental in ~~the Board~~SIAAB's implementation of the peer-quality assurance review program (also referred to as the quality-assurance-peer reviews) required by FCIAA (30 ILCS 10/2005(f)(3)) and outlined in Article III of these Bylaws.

#### 1.4.4 OTHER COORDINATORS

The Conference Coordinator, in consultation with ~~the Board Chair~~the SIAAB Chair, is responsible for planning and administering a ~~Board~~SIAAB conference at least annually. All ~~Board~~SIAAB conferences will be subject to the Open Meetings Act and the Conference Coordinator is responsible for ensuring compliance with such Act. (Note: This Coordinator position is instrumental in ~~the Board~~SIAAB's implementation of training and peer-quality assurance review programs required by FCIAA. (30 ILCS 10/2005(f))

The CPE Coordinator, in consultation with ~~the Board Chair~~the SIAAB Chair, is responsible for administering the Online Quality Assurance Review training course to measure an individual's knowledge of professional standards adopted by ~~the Board~~SIAAB and the Fiscal Control and Internal Auditing Act. (Note: This Coordinator position is instrumental in ~~the Board~~SIAAB's implementation of standards, training, and peer-quality assurance review program as required by FCIAA. (30 ILCS 10/2005(f))

The SIAAB Guidance Coordinator, in consultation with ~~the Board Chair~~the SIAAB Chair, is responsible for monitoring changes to the Fiscal Control and Internal Auditing Act, standards and ethics of the Institute of Internal Auditors, the General Accounting Office, and other professional standards as applicable. In addition, the SIAAB Guidance Coordinator shall receive any requests for interpretation of the aforementioned. These shall be reviewed and evaluated by the SIAAB Guidance Coordinator who shall make a recommendation to ~~the Board~~SIAAB for consideration of the appropriate action to be taken in conformance with provisions one and two below. All decisions shall be posted on the SIAAB website in a manner that allows for their ready use by the State Internal Audit community.

Determine that current guidance or interpretations are clear enough that any individual making a request need only receive an official response from ~~the Board~~SIAAB that provides an



explanation of ~~the Board~~SIAAB's position along with appropriate references to the existing guidance or interpretations. The official response that is to be sent to the person(s) making the request is decided upon by a majority vote of ~~the Board~~SIAAB. The response shall then be issued by the Chair on behalf of ~~the Board~~SIAAB. In the case of deciding whether to adopt a change that was made to existing industry guidance, the decision shall be made by a majority vote of ~~the Board~~SIAAB.

1. Determine that clarification or written guidance is necessary to ensure the requirement(s) are applied appropriately. The SIAAB Guidance Coordinator shall prepare an official "SIAAB Guidance Exposure Draft" for consideration by ~~the Board~~SIAAB for distribution to all State of Illinois Chief Internal Auditors. This allows ~~the~~ SIAAB to gain from the knowledge and expertise of all affected practitioners and therefore arrive at the best solution. The SIAAB Guidance Coordinator shall request a minimum 30 calendar day period of time for consideration of comments. This period may be extended either before or after the issuance of the "SIAAB Guidance Exposure Draft" upon majority vote of ~~the Board~~SIAAB. ~~The Board~~SIAAB shall review comments received from the State Internal Audit community and discuss and approve a final version of the guidance. The guidance constitutes the official position taken by ~~the Board~~SIAAB on internal audit related standards and practices. It should include all critical points and references to any documentation utilized in arriving at the decision for reference by State of Illinois Internal Auditors. The content of the final version of the guidance shall be at the sole discretion of the majority vote of ~~the Board~~SIAAB since they are charged with the responsibility for promulgating the standards that are to be followed by all State of Illinois Internal Auditors. Each individual SIAAB Guidance Position Statement shall be numbered sequentially and indicate the date of adoption by ~~the Board~~SIAAB, and also reflect the date of any subsequent amendment(s).

The SIAAB Guidance Coordinator shall also be responsible for seeking comment from State of Illinois Internal Auditors regarding any request from the Institute of Internal Auditors regarding possible changes to the IIA's Standards and ~~Practice Advisories guidance~~ or any other group seeking comment regarding Internal Audit activities that affect State of Illinois Internal Auditors. When determined appropriate by a majority vote of ~~the Board~~SIAAB, ~~the~~ SIAAB shall issue a collective comment regarding the change under signature of ~~the Board~~SIAAB.

Lastly, in order to ensure an open channel of communication is maintained, the SIAAB Guidance Coordinator is responsible for ensuring that periodic meetings are held with the Office of the Illinois Auditor General. These periodic meetings shall be arranged and coordinated as directed by ~~the Board~~SIAAB. Those persons representing ~~the Board~~SIAAB at these meetings will be at the discretion of the SIAAB Chair with approval by ~~the Board~~SIAAB.

The FOIA Coordinator (also known as FOIA Officer), in consultation with ~~the Board Chair~~the SIAAB Chair and the Assistant Freedom of Information Coordinator, is responsible for successfully completing the annual training provided by the Illinois Office of the Attorney General under the Freedom of Information Act and filing a certificate of completion with ~~the Board~~SIAAB, receiving FOIA requests and responding in a timely manner; coordinating with other ~~Board~~SIAAB members to maintain ~~the Board~~SIAAB's records in accordance with the State Records Act; and advising ~~Board~~SIAAB members of their duties under the Open Meetings Act. In addition, the FOIA Coordinator will be responsible for submitting the Records Disposal Certificate in accordance with ~~the Board~~SIAAB's Application for Authority to Dispose of State Records



approved by the State Records Commission (Note: The FOIA Coordinator position is instrumental in ~~the Board~~SIAAB's ~~implementation of compliance with~~ the), Freedom of Information Act (5 ILCS 140), State Records Act (5 ILCS 160), Identity Protection Act (5 ILCS 179) and Personal Information Protection Act (815 ILCS 530).)

The Assistant FOIA Coordinator (also known as Assistant FOIA Officer), in consultation with ~~the Board Chair~~the SIAAB Chair and Freedom of Information Coordinator, is responsible for successfully completing the annual training provided by the Illinois Office of the Attorney General under the Freedom of Information Act and filing a certificate of completion with ~~the Board~~SIAAB, assisting the FOIA Coordinator in all duties and carrying out the FOIA Coordinator's duties in their absence. (Note: The Assistant FOIA Coordinator position is instrumental in ~~the Board~~SIAAB's ~~implementation of compliance with~~ the Freedom of Information Act (5 ILCS 140), State Records Act (5 ILCS 160), Identity Protection Act (5 ILCS 179) and Personal Information Protection Act (815 ILCS 530).)

The Webmaster shall be selected by the Chair and approved by a majority of ~~the Board~~SIAAB during the March meeting. The Webmaster shall serve a one year term, but may be reappointed and serve until replaced. In working with ~~Board~~SIAAB members, the Webmaster is responsible for maintaining the website content, coordinating the registration for the Online Quality Assurance Review training course, ~~and notifying the~~ CPE Coordinator of the course results, ~~and forwarding providing~~ "official" ~~Board~~ records to ~~the FOIA Coordinator~~SIAAB in a timely manner.

The Recording Secretary shall be responsible for taking the official record and minutes of all SIAAB meetings. The secretary will be responsible for providing minutes from each meeting to all members of ~~the Board~~SIAAB for their comment prior to the next meeting. They will also be responsible for providing the approved minutes to the Webmaster with 10 days of their approval by ~~the Board~~SIAAB to be posted on ~~the Board~~SIAAB's website. The Secretary is responsible for publishing the minutes to the appropriate folder in ~~the Board~~SIAAB's electronic record storage site.

## **Article I - Administrative Bylaws**

### **Section V - Conduct of Business**

#### **1.5.1 MEETINGS**

Meetings will be conducted in accordance with the Open Meetings Act (5 ILCS 120). ~~The Board~~SIAAB shall hold regular meetings on a monthly basis. A schedule of the dates, times, and places of such regular meetings shall be approved by ~~the Board~~SIAAB prior to the end of the calendar year for the following calendar year. The regular meeting schedule shall be posted on ~~the Board~~SIAAB's website. If ~~the Board~~SIAAB approves a changed schedule, notice must be given at least 10 days prior to the next meeting by publication in a newspaper as required by the Open Meetings Act, posting at all meeting locations, and posting on ~~the Board~~SIAAB's website (Relevant to Open Meetings Act; 5 ILCS 120/2.03).

Individual special, rescheduled, and reconvened meetings may be held as the Chair determines is necessary. The agenda, time and place for each such meeting shall be posted at all meeting location(s) and on ~~the Board~~SIAAB's website as follows:

Regular Meeting	48 hours in advance
Special Meeting	48 hours in advance
Rescheduled Regular Meeting	48 hours in advance
Reconvened Meeting	48 hours in advance, unless reconvened within 24 hours, announced at regular meeting and the agenda is unchanged. If these three conditions are met, no additional notification required.
Emergency Meeting	As soon as practicable

The requirement of a meeting agenda shall not preclude the consideration of items not specifically set forth in the agenda. (Relevant to Open Meeting Act; 5 ILCS 120/2.02(a))

## 1.5.2 PARLIAMENTARY PROCEDURES

The Chair shall conduct ~~the Board~~SIAAB meetings in accordance with Robert's Rules of Order Revised, except as modified by ~~the Board~~SIAAB's Bylaws and shall be in accordance with the Open Meetings Act (5 ILCS 120) and any other applicable laws.

In accordance with the Open Meetings Act (5 ILCS 120/1.02), a majority of quorum of ~~the Board~~SIAAB members must be present to constitute a ~~Board~~SIAAB meeting. Since ~~the Board~~SIAAB is authorized by the Fiscal Control and Internal Auditing Act (30 ILCS 10/2005(f)) to take substantive actions and has statewide jurisdiction, ~~the Board~~SIAAB may count members "present" at multiple locations if: (1) advance notice is provided at all meeting locations, (2) meetings are held in public buildings with public access and (3) the meetings are linked with interactive video conference. A public building means any building or portion thereof owned or leased by any public body. (Implementation of statute 5 ILCS 120/2.01))

If a quorum of ~~Board~~SIAAB members is physically present, ~~the Board~~SIAAB may by majority vote allow a member to attend the meeting by other video or audio conference means if:

- the members notify the Chair before the meeting unless advance notice is impractical and
- the member is prevented from physically attending because of (a) physical illness or disability; (b) employment purposes; or (c) family or other emergency. (Relevant to Open Meetings Act; 5 ILCS 120/7)

## 1.5.3 VOTES CONDUCTED BY ~~THE BOARD~~SIAAB

Each member shall have only one vote. All voting conducted by ~~the Board~~SIAAB shall be verbal, unless a vote by show of hands has been requested by any ~~Board~~SIAAB member. Approval of motions brought before ~~the Board~~SIAAB will be by simple majority of the voting members physically present at the meeting location or multiple locations if the conditions in Section 1.5.2 are met, with the exception of revisions to the Bylaws which will require two-thirds (2/3) majority of the voting members physically present. Voting in meetings conducted by audio or video conference are addressed in Section 1.5.7.

A member of ~~the Board~~SIAAB may elect to delegate his/her voting right to a ~~designee~~designated proxy. If so elected, the member shall deliver written notification, either by letter or by email, to the Chair of the delegation of his/her voting right naming the ~~designee~~proxy, prior to the any

meeting of ~~the Board~~SIAAB. Unless the Chair receives written notification, the ~~designee-proxy~~ shall not have voting rights at ~~the Board~~SIAAB's meeting.

#### **1.5.4 RECORDING OF MEETINGS**

~~The Board~~SIAAB shall keep written minutes of all meetings which shall include:

- (1) date, time and place of the meeting;
- (2) members present or absent and whether members were physically present or present by means of video or audio conference; and
- (3) a summary of discussion on all matters proposed, deliberated, or decided and a record of any votes taken. (Implementation of statute (5 ILCS 120/2.06))

Draft minutes of each ~~Board~~SIAAB meeting shall be sent to each ~~Board~~SIAAB member and approved at the next scheduled ~~Board~~SIAAB meeting, whenever possible. The minutes shall be made available to the public within 10 days of ~~the Board~~SIAAB's approval by posting such minutes on ~~the Board~~SIAAB's website.

Any member of the public may record by tape, film or other means the proceedings of any open ~~Board~~SIAAB meeting so long as their taping of the meeting does not disrupt the meeting proceedings or disrupt the ability of other members of the public to view the meeting in any way. (Relevant to Open Meetings Act; 5 ILCS 120/2.05)

#### **1.5.5 CLOSED MEETINGS**

Any meeting or portion of a meeting may be closed to the public upon a majority vote of the quorum present and citation of the specific exception contained in the Open Meetings Act (5 ILCS 120/2(c)). The discussion and the vote to close the meeting must be conducted in the open meeting. Closed meetings must be recorded verbatim in audio or video form. The closed meeting minutes must be prepared in the same manner as an open meeting except the discussion and approval of such minutes can be held in a closed meeting as provided in Section 2(c)(21) of the Open Meetings Act. The resulting approval of the minutes shall be reported in an open meeting.

At each March and September meeting, if necessary, ~~the Board~~SIAAB shall hold a closed meeting to review whether all prior closed meeting recording(s) and written minute(s) will be kept closed or can be opened to the public. The results of this determination shall be reported in an open meeting. (Implementation of statute 5 ILCS 120/2(c)(21) and 120/2.06(d))

With ~~Board~~SIAAB approval by a majority vote, the verbatim recording(s) may be destroyed 18 months after the closed meeting minutes have been approved. In accordance with the Open Meetings Act (5 ILC 120/2.06(c)) and the State Records Act (5 ILC 160), such verbatim recording(s) do not require State Records Commission approval for destruction after this 18 month period.

#### **1.5.6 PUBLIC COMMENT AT ~~BOARD~~SIAAB MEETINGS**

**Procedures Governing Public Participation at State Internal Audit Advisory Board (SIAAB) meetings**

Each SIAAB meeting will include an agenda item for public participation to provide an opportunity for members of the public to present to SIAAB their comments and recommendations on State Internal Audit relevant issues.

Individuals wishing to address ~~the Board~~SIAAB ~~are requested to sign in on the Public Participation Sheet will be logged by the Recording Secretary~~ prior to the time of Public Participation listed on ~~the Board~~SIAAB's agenda.

The total time devoted to public participation will be a maximum of thirty minutes per meeting. An individual speaker will be permitted to address SIAAB for a maximum of ten minutes. Should more than three individuals wish to address SIAAB during a meeting, the time allocated to each individual shall be reduced to a minimum of five minutes. Thus, a maximum of six individuals will be able to address SIAAB during a meeting. A timekeeper shall ensure that each speaker adheres to the stated time limitations. ~~The Board~~SIAAB, by majority vote, may adjust the time allowed for public comment.

Speakers will address SIAAB in the order of their ~~sign in on the Public Participation Sheet~~arrival as logged by the Recording Secretary. Copies of speakers' comments, questions, and/or other written materials for distribution to ~~the~~ SIAAB will be accepted. Responses to questions will be provided by SIAAB within a reasonable amount of time.

### **1.5.7 MEETINGS CONDUCTED BY AUDIO OR VIDEO CONFERENCE**

When the Governor or the Director of the Illinois Department of Public Health has issued a disaster declaration as defined in Section 4 of the Illinois Emergency Management Agency Act (20 ILCS 3305), Section 7(e) of the Open Meetings Act (5 ILCS 120) allows an open or closed meeting to be conducted by audio or video conference, without the physical presence of a quorum of the members.

The conduct of meetings must be conducted in accordance with all applicable requirements for type of meeting held (open or closed) established under Article I - Administrative Bylaws, Section V - Conduct of Business, with the following additional requirements as established in Section 7(e) of the Open Meetings Act (5 ILCS 120):

- All votes must be conducted by roll call, to ensure each member's vote on each issue can be identified and recorded;
- A verbatim record of all their meetings must be kept in the form of an audio or video recording; and,
- The audio or video recordings of open meetings must be made available to the public upon request.

At each March and September meeting, if necessary, ~~the Board~~SIAAB shall review whether prior verbatim audio and video conference recordings can be destroyed. The results of this determination shall be reported in an open meeting. With ~~Board~~SIAAB approval by a majority vote, the verbatim recording(s) may be destroyed 18 months after the audio or video conferenced meeting, provided that written minutes have been approved. In accordance with the Open Meetings Act (5 ILCS 120/7(e)), such verbatim recording(s) do not require State Records Commission approval for destruction after this 18 month period.

## Article II - Standards

### Section I – Authority

#### 2.1.1 AUTHORITY

These standards are promulgated under authority of the Fiscal Control and Internal Auditing Act (30 ILCS 10/2005(f)).

## Article II - Standards

### Section II - Applicability

#### 2.2.1 APPLICABILITY

These standards apply to all state agencies designated in Section 1003 (a) of the Fiscal Control and Internal Auditing Act (30 ILCS 10/1001 et. seq.).

## Article II - Standards

### Section III - Professional Auditing Standards

#### 2.3.1 PROFESSIONAL AUDITING STANDARDS

All audits performed by the internal audit staffs of State agencies shall be conducted in accordance with Standards adopted by ~~the Board~~SIAAB as provided by FCIAA. (10 ILCS 30/2005(f)(1)). These Standards shall be summarized in the Quality Assurance Matrix on ~~the Board~~SIAAB's website and shall include the:

- ~~Mandatory Guidance~~The 2024 Global Internal Audit Standards (GIAS) published by the Institute of Internal Auditors (IIA);
  - ~~International Standards for the Professional Practice of Internal Auditing (Standards)~~
  - ~~Definition of Internal Auditing;~~
  - ~~Code of Ethics (See also 2.4.1);~~
  - ~~Core Principles for the Professional Practice of Internal Auditing;~~
- ~~some implementation~~some Topical g~~Guidance (practice advisories) and supplemental guidance (practice guides)~~ published by the Institute of Internal Auditors and adopted by ~~the Board~~SIAAB;
- some Global Guidance published by the IIA supporting the GIAS;
- some government auditing standards published by the U.S. General Accounting Office and adopted by ~~the Board~~SIAAB; and
- internal audit requirements contained in ~~the Board~~SIAAB's Bylaws.

In addition, internal audit staff of State agencies may be required by federal grant provisions to comply with government auditing standards published by the U.S. General Accounting Office. All audit reports issued by internal audit staffs of State agencies shall include a statement that the audit was conducted pursuant to the appropriate standards.

## Article II - Standards

### Section IV - Code of Ethics

#### 2.4.1 CODE OF ETHICS

All State internal auditors shall adhere to the following standards of conduct which are derived from the *Code of Ethics* published by the Institute of Internal Auditors in the 2024 Global Internal Auditing Standards, Domain II: Ethics and Professionalism.

A code of ethics is necessary and appropriate for the professional practice of internal auditing, founded as it is on the trust placed in its objective assurance about governance, risk management, and control processes. The *Code of Ethics* includes two essential components:

1. Principles that are relevant to the profession and practice of internal auditing;
2. Rules of Conduct that describe behavior norms expected of internal auditors. These rules are an aid to interpreting the Principles into practical applications and are intended to guide the ethical conduct of internal auditors.

#### PRINCIPLES

Internal auditors are expected to apply and uphold the following principles:

##### Principle 1 Demonstrate Integrity~~Integrity~~

*Internal auditors demonstrate integrity in their work and behavior.*

Integrity is behavior characterized by adherence to moral and ethical principles, including demonstrating honesty and the courage to act based on relevant facts, even when facing pressure to do otherwise or when doing so might create potential adverse personal or organizational consequences.~~The integrity of internal auditors establishes trust and thus provides the basis for reliance on their judgment.~~

##### Principle 2 Maintain Objectivity~~Objectivity~~

*Internal auditors maintain an impartial and unbiased attitude when performing internal audit services and making decisions.*

Objectivity is an unbiased mental attitude that allows internal auditors to make professional judgments, fulfill their responsibilities, and achieve the Purpose of Internal Auditing without compromise. An independently positioned internal audit function supports internal auditors' ability to maintain objectivity.

~~Internal auditors exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal auditors make~~

a balanced assessment of all the relevant circumstances and are not unduly influenced by their own interests or by others in forming judgments.

### **Principle 3 Demonstrate Competency**

**Internal auditors apply the knowledge, skills, and abilities to fulfill their roles and responsibilities successfully.**

Demonstrating competency requires developing and applying the knowledge, skills, and abilities to provide internal audit services.

### **Principle 4 Exercise Due Professional Care**

**Internal auditors apply due professional care in planning and performing internal audit services.**

Due professional care requires planning and performing internal audit services with the diligence, judgment, and skepticism possessed by other reasonably prudent and competent internal auditors. When exercising due professional care, internal auditors perform in the best interests of those receiving internal audit services but are not expected to be infallible.

### **Principle 5 Maintain Confidentiality**

**Internal auditors use and protect information appropriately.**

Internal auditors must respect the value and ownership of information they receive by using it only for professional purposes and protecting it from unauthorized access or disclosure, internally and externally.

### **Confidentiality**

~~Internal auditors respect the value and ownership of information they receive and do not disclose information without appropriate authority unless there is a legal or professional obligation to do so.~~

### **Competency**

~~Internal auditors apply the knowledge, skills, and experience needed in the performance of internal auditing services.~~

### **Rules STANDARDS OF CONDUCT of Conduct**

#### **Principle 1: Demonstrate Integrity**

##### **Standard 1.1 Honesty and Professional Courage**

Internal auditors must perform their work with honesty and professional courage.



Internal auditors must be truthful, accurate, clear, open, and respectful in all professional relationships and communications, even when expressing skepticism or offering an opposing viewpoint. Internal auditors must not make false, misleading, or deceptive statements, nor conceal or omit findings or other pertinent information from communications. Internal auditors must disclose all material facts known to them that, if not disclosed, could affect the organization's ability to make well-informed decisions.

Internal auditors must exhibit professional courage by communicating truthfully and taking appropriate action, even when confronted by dilemmas and difficult situations.

The chief audit executive must maintain a work environment where internal auditors feel supported when expressing legitimate, evidence-based engagement results, whether favorable or unfavorable.

### **Standard 1.2 Organization's Ethical Expectations:**

Internal auditors must understand, respect, meet, and contribute to the legitimate and ethical expectations of the organization and must be able to recognize conduct that is contrary to those expectations.

Internal auditors must encourage and promote an ethics-based culture in the organization. If internal auditors identify behavior within the organization that is inconsistent with the organization's ethical expectations, they must report the concern according to applicable policies and procedures.

### **Standard 1.3 Legal and Ethical Behavior**

Internal auditors must not engage in or be a party to any activity that is illegal or discreditable to the organization or the profession of internal auditing or that may harm the organization or its employees.

Internal auditors must understand and abide by the laws and/or regulations relevant to the industry and jurisdictions in which the organization operates, including making disclosures as required.

If internal auditors identify legal or regulatory violations, they must report such incidents to individuals or entities that have the authority to take appropriate action, as specified in laws, regulations, and applicable policies and procedures

## **Principle 2: Maintain Objectivity**

### **Standard 2.1 Individual Objectivity**

Internal auditors must maintain professional objectivity when performing all aspects of internal audit services. Professional objectivity requires internal auditors to apply an impartial and unbiased mindset and make judgments based on balanced assessments of all relevant circumstances. Internal auditors must be aware of and manage potential biases.

## **Standard 2.2 Safeguarding Objectivity**

Internal auditors must recognize and avoid or mitigate actual, potential, and perceived impairments to objectivity.

Internal auditors must not accept any tangible or intangible item, such as a gift, reward, or favor, that may impair or be presumed to impair objectivity.

Internal auditors must avoid conflicts of interest and must not be unduly influenced by their own interests or the interests of others, including senior management or others in a position of authority, or by the political environment or other aspects of their surroundings. When performing internal audit services:

- Internal auditors must refrain from assessing specific activities for which they were previously responsible. Objectivity is presumed to be impaired if an internal auditor provides assurance services for an activity for which the internal auditor had responsibility within the previous 12 months.
- If the internal audit function is to provide assurance services where it had previously performed advisory services, the chief audit executive must confirm that the nature of the advisory services does not impair objectivity and must assign resources such that individual objectivity is managed. Assurance engagements for functions over which the chief audit executive has responsibility must be overseen by an independent party outside the internal audit function.
- If internal auditors are to provide advisory services relating to activities for which they had previous responsibilities, they must disclose potential impairments to the party requesting the services before accepting the engagement.

The chief audit executive must establish methodologies to address impairments to objectivity. Internal auditors must discuss impairments and take appropriate actions according to relevant methodologies

## **Standard 2.3 Disclosing Impairments to Objectivity**

If objectivity is impaired in fact or appearance, the details of the impairment must be disclosed promptly to the appropriate parties.

If internal auditors become aware of an impairment that may affect their objectivity, they must disclose the impairment to the chief audit executive or a designated supervisor. If the chief audit executive determines that an impairment is affecting an internal auditor's ability to perform duties objectively, the chief audit executive must discuss the impairment with the management of the activity under review, the board, and/or senior management and determine the appropriate actions to resolve the situation.

If an impairment that affects the reliability or perceived reliability of the engagement findings, recommendations, and/or conclusions is discovered after an engagement has been completed, the chief audit executive must discuss the concern with the management of the activity under review, the board, senior management, and/or other affected stakeholders and determine the appropriate actions to resolve the situation. (See also GIAS 11.4 Errors and Omissions.)

If the objectivity of the chief audit executive is impaired in fact or appearance, the chief audit executive must disclose the impairment to the board.

### **Principle 3: Demonstrate Competency**

#### **Standard 3.1 Competency**

Internal auditors must possess or obtain the competencies to perform their responsibilities successfully. The required competencies include the knowledge, skills, and abilities suitable for one's job position and responsibilities commensurate with their level of experience. Internal auditors must possess or develop knowledge of The IIA's Global Internal Audit Standards.

Internal auditors must engage only in those services for which they have or can attain the necessary competencies.

Each internal auditor is responsible for continually developing and applying the competencies necessary to fulfill their professional responsibilities. Additionally, the chief audit executive must ensure that the internal audit function collectively possesses the competencies to perform the internal audit services described in the internal audit charter or must obtain the necessary competencies.

#### **Standard 3.2 Continuing Professional Development**

Internal auditors must maintain and continually develop their competencies to improve the effectiveness and quality of internal audit services. Internal auditors must pursue continuing professional development including education and training. Practicing internal auditors who have attained professional internal audit certifications must follow the continuing professional education policies and fulfill the requirements applicable to their certifications

### **Principle 4: Exercise Due Professional Care**

#### **Standard 4.1 Conformance with the Global Internal Audit Standards**

Internal auditors must plan and perform internal audit services in accordance with the Global Internal Audit Standards.

The internal audit function's methodologies must be established, documented, and maintained in alignment with the Standards. Internal auditors must follow the Standards and the internal audit function's methodologies when planning and performing internal audit services and communicating results.

#### **Standard 4.2 Due Professional Care**

Internal auditors must exercise due professional care by assessing the nature, circumstances, and requirements of the services to be provided, including:

- The organization's strategy and objectives.

- The interests of those for whom internal audit services are provided and the interests of other stakeholders.
- Adequacy and effectiveness of governance, risk management, and control processes.
- Cost relative to potential benefits of the internal audit services to be performed.
- Extent and timeliness of work needed to achieve the engagement's objectives.
- Relative complexity, materiality, or significance of risks to the activity under review.
- Probability of significant errors, fraud, noncompliance, and other risks that might affect objectives, operations, or resources.
- Use of appropriate techniques, tools, and technology.

#### **Standard 4.3 Professional Skepticism**

Internal auditors must exercise professional skepticism when planning and performing internal audit services.

To exercise professional skepticism, internal auditors must:

- Maintain an attitude that includes inquisitiveness.
- Critically assess the reliability of information.
- Be straightforward and honest when raising concerns and asking questions about inconsistent information.
- Seek additional evidence to make a judgment about information and statements that might be incomplete, inconsistent, false, or misleading.

### **Principle 5: Maintain Confidentiality**

#### **Standard 5.1 Use of Information**

Internal auditors must follow the relevant policies, procedures, laws, and regulations when using information. The information must not be used for personal gain or in a manner contrary or detrimental to the organization's legitimate and ethical objectives.

#### **Standard 5.2 Protection of Information**

Internal auditors must be aware of their responsibilities for protecting information and demonstrate respect for the confidentiality, privacy, and ownership of information acquired when performing internal audit services or as the result of professional relationships.

Internal auditors must understand and abide by the laws, regulations, policies, and procedures related to confidentiality, information privacy, and information security that apply to the organization and internal audit function.

Considerations specifically relevant to the internal audit function include:

- Custody, retention, and disposal of engagement records.
- Release of engagement records to internal and external parties.
- Handling of, access to, or copies of confidential information when it is no longer needed.

Internal auditors must not disclose confidential information to unauthorized parties unless there is a legal or professional responsibility to do so.

Internal auditors must manage the risk of exposing or disclosing information inadvertently.

The chief audit executive must ensure that the internal audit function and individuals assisting the internal audit function adhere to the same protection requirements.

~~1. Integrity~~

~~2. Internal auditors:~~

~~3.~~

~~4. 1.1 Shall perform their work with honesty, diligence, and responsibility.~~

~~5. 1.2 Shall observe the law and make disclosures expected by the law and the profession.~~

~~6. 1.3 Shall not knowingly be a party to any illegal activity, or engage in acts that are discreditable to the profession of internal auditing or to the organization.~~

~~7. 1.4 Shall respect and contribute to the legitimate and ethical objectives of the organization.~~

~~8. Objectivity Internal auditors:~~

~~9. 2.1 Shall not participate in any activity or relationship that may impair or be presumed to impair their unbiased assessment. This participation includes those activities or relationships that may be in conflict with the interests of the organization.~~

~~10. 2.2 Shall not accept anything that may impair or be presumed to impair their professional judgment.~~

~~11. 2.3 Shall disclose all material facts known to them that, if not disclosed, may distort the reporting of activities under review.~~

~~12.~~

~~13. Confidentiality~~

~~Internal auditors:~~

~~14. 3.1 Shall be prudent in the use and protection of information acquired in the course of their duties.~~

~~15. 3.2 Shall not use information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organization.~~

~~16.~~

~~17. Competency~~

~~Internal auditors:~~

~~18. 4.1 Shall engage only in those services for which they have the necessary knowledge, skills, and experience.~~

~~19. 4.2 Shall perform internal auditing services in accordance with the *\*International Standards for the Professional Practice of Internal Auditing*.~~

~~20. 4.3 Shall continually improve their proficiency and the effectiveness and quality of their services.~~

## Article II – Standards

### Section V - Continuing Education Requirements

#### 2.5.1 CONTINUING PROFESSIONAL EDUCATION

Internal auditors are responsible for maintaining their knowledge and skills. They should update their knowledge and skills related to improvements and current developments in internal auditing standards, procedures, and techniques. Auditors involved in the planning, directing, performing fieldwork or reporting on an audit or attestation engagement need to maintain their professional competence through continuing professional education (CPE). Internal auditors must complete a minimum of 80 hours of CPE that directly enhance the auditor's professional proficiency to perform audits or attestation engagements. At least 24 of the 80 hours of CPE must be in subjects directly related to government auditing, the government environment, or the specific or unique environment in which the audited entity operates. At least 20 hours of the 80 must be completed in any one-year of the two-year period. At least 4 of the 80 hours of CPE must be in subjects related to ethics.

The 80 hours of CPE, 24 hours of government CPE, and 4 hours of ethics CPE must be satisfied during two successive (non-rolling) calendar years. Internal auditors hired after the beginning of an audit organization's two-year CPE period should complete a prorated number of CPE hours based on the number of full 6-month intervals remaining in the CPE period.

To calculate the prorated hours required for a two-year period, multiply the number of full six-month intervals remaining by 20 to determine total hours required, and multiply the number of full six-month intervals remaining by 6 to determine government hours required, as follows:

Full six-month intervals remaining	Total CPE hours required	Government CPE hours required	Ethics CPE hours required
3	60	18	3
2	40	12	2
1	20	6	1
0	Exempt	Exempt	Exempt

Examples of prorated hours based on hire date:

1. 18 or more full months, less than 24 months - Auditors hired between January 1 and June 30 *of the first year* must obtain 60 total CPE hours, 18 government CPE hours, and 3 ethics hours during the two-year cycle.
2. 12 or more full months, less than 18 months - Auditors hired between July 1 and December 31 *of the first year* must obtain 40 total CPE hours, 12 government CPE hours, and 2 ethics hours during the two-year cycle.
3. 6 or more full months, less than 12 months - Auditors hired between January 1 and June 30 *of the second year* must obtain 20 total CPE hours, 6 government CPE hours, and 1 ethics hour during the two-year cycle.
4. Less than 6 months - Auditors hired between July 1 and December 31 *of the second year* would be exempt from the CPE requirements.

CPE requirements may be prorated in the same or similar manner to the example above in the event of extended absences or other extenuating circumstances such as leave of absences, military service, or disasters prevent the internal auditor from meeting the requirements. CPE requirements should not be prorated or excused for reasons such as workload, budget, or travel constraints.

Internal auditors employed on a part-time or temporary basis may be exempt from the CPE requirements, as long as they are under the supervision of another auditor who is conformant with the CPE requirements.

Auditors required to obtain the total 80 hours of CPE should complete at least 20 hours of CPE in each year of the two-year period. The 20-hour minimum for each CPE year would not apply when a prorated number of hours are being used to cover a partial two-year CPE period.

When an auditor becomes nonconformant with CPE requirements, the auditor has a grace period of two months to make up the deficiency. If the auditor fails to make up the deficiency within two months (i.e., prior to March 1), they should either work under the supervision of another auditor who is conformant, or disclose the nonconformance in their audit reports. Any CPE hours completed toward a deficiency in one period should be documented in the CPE records and should not be counted toward the requirements for the next two-year period.

An Agency's Chief Internal Auditor is responsible for establishing and implementing a program to ensure that staff auditors meet the CPE requirements. In cases where a portion of the internal audit services are contracted out, the Chief Internal Auditor must ensure that individuals assigned to such internal audit services have obtained the appropriate continuing professional education.

#### **CPE Requirements of Professional Organizations**

**4.34** *Individual auditors who are members of professional organizations or who are licensed professionals, such as certified public accountants, are cautioned that the GAGAS CPE requirements, while similar in many respects to those of professional organizations and of licensing bodies, may not be identical. Some subjects and topics may be acceptable to state licensing bodies or professional organizations, but may not qualify as CPE under GAGAS. Conversely, some CPE that qualifies for GAGAS may not qualify for state licensing bodies or professional organizations. Careful consideration of auditors' relevant professional organizations or licensing body requirements is encouraged to meet other relevant CPE requirements. Government Auditing Standards, 2018 Revision (eff: 7/1/2019)*



## 2.5.2 QUALIFYING CPE ACTIVITIES

The Internal Audit Advisory Board, upon written request to ~~the Board~~ SIAAB's CPE Coordinator, will issue interpretations of what CPE activities qualify as acceptable.

CPE programs are structured educational activities or programs with learning objectives designed to maintain or enhance the auditors' competence to address engagement objectives.

The following are examples of structured educational programs and activities qualify for CPE hours, provided they are in subjects or topics that qualify as discussed in the "Subjects and Topics that Qualify Section" immediately following this section:

1. internal training programs (e.g., courses, seminars, and workshops);
2. education and development programs presented at conferences, conventions, meetings, seminars, and meetings or workshops of professional organizations;
3. training programs presented by other audit organizations, educational organizations, foundations, and associations;
4. web-based seminars and individual-study or eLearning programs;
5. audio conferences;
6. accredited university and college courses (credit and noncredit);
7. standard-setting organization, professional organization, or audit organization staff meetings when a structured educational program with learning objectives is presented (e.g., that portion of the meeting that is a structured educational program with learning objectives designed to maintain or enhance auditors' competence);
8. correspondence courses, individual-study guides, and workbooks;
9. service as a speaker, panelist, instructor, or discussion leader at programs that qualify for CPE hours;
10. developing or technical review of courses or the course materials for programs that qualify for CPE hours;
11. publishing articles and books that contribute directly to the author's professional proficiency to conduct engagements;
12. Validating an external quality assurance review to earn 5 CPE, with a limit of 10 CPE per two year cycle; and
13. Obtaining a professional certification *by examination*, to earn 10 CPE, with a limit of 20 per two year cycle:
  - a. Accredited in Business Valuation (ABV)
  - b. Certification in Risk Management Assurance (CRMA)
  - c. Certified Authorization Professional (CAP)
  - d. Certified Bank Auditor (CBA)
  - e. Certified Cloud Security Professional (CCSP)
  - f. Certified Ethical Hacker (CEH)
  - g. Certified Fraud Examiner (CFE)
  - h. Certified Governmental Financial Manager (CGFM)
  - i. Certified in Entity and Intangible Valuations (CEIV)
  - j. Certified in Financial Forensics (CFF)
  - k. Certified in Risk and Information Systems Control (CRISC)
  - l. Certified in the Governance of Enterprise IT (CGEIT)
  - m. Certified in the Valuation of Financial Instruments (CVFI)
  - n. Certified Information System Manager (CISM)

- o. Certified Information System Security Professional (CISSP)
- p. Certified Information Systems Auditor (CISA)
- q. Certified Information Technology Professional (CITP)
- r. Certified Internal Auditor (CIA)
- s. Certified Management Accountant (CMA)
- t. Certified Process Safety Auditor (CPSA)
- u. Certified Professional Environmental Auditor (CPEA)
- v. Certified Public Accountant (CPA)
- w. Certified Secure Software Lifecycle Professional (CSSLP)
- x. Chartered Global Management Accountant (CGMA)
- y. HealthCare Information Security and Privacy Practitioner (HCISSP)
- z. Qualification in Internal Audit Leadership (QIAL)
- aa. Systems Security Certified Practitioner (SSCP)
- bb. Other relevant professional certifications may be considered by SIAAB upon request for addition to this list.

### **Subjects and Topics that Qualify:**

#### **Directly Related to Government Environment, Government Auditing, or the Specific or Unique Environment in Which the Audited Entity Operates (24-Hour Requirement):**

1. Subject matter directly related to the government environment, government auditing, or the specific or unique environment in which the audited entity operates may include, but is not limited to, the following:
  - a. generally accepted government auditing standards (GAGAS) and related topics, such as internal control as addressed in GAGAS;
  - b. the applicable American Institute of Certified Public Accountants' (AICPA) Statements on Auditing Standards;
  - c. the applicable AICPA Statements on Standards for Attestation Engagements and Statements on Standards for Accounting and Review Services;
  - d. the applicable auditing standards issued by the Institute of Internal Auditors, the International Auditing and Assurance Standards Board, or other auditing standard-setting body;
  - e. U.S. generally accepted accounting principles, or the applicable financial reporting framework being used, such as those issue by the Federal Accounting Standards Advisory Board, the Governmental Accounting Standards Board, or the Financial Accounting Standards Board;
  - f. *Standards for Internal Control in the Federal Government*;
  - g. *Internal Control – Integrated Framework*, as applicable;
  - h. requirements for recipients of federal contracts or grants, such as Single Audits under the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*;
  - i. requirements for federal, state, or local program audits;
  - j. relevant or applicable audit standards or guides, including those for information technology auditing and forensic auditing;
  - k. information technology auditing topics applicable to the government environment;
  - l. fraud topics applicable to a government environment;

- m. statutory requirements, regulations, criteria, guidance, trends, risks, or topics relevant to the specific and unique environment in which the audited entity operates;
- n. statutory requirements, regulations, criteria, guidance, trends, risks, or topics relevant to the subject matter of the engagement, such as scientific, medical, environmental, educational, or any other specialized subject matter;
- o. topics directly related to the government environment, such as the nature of government (structures, financing, and operations), economic or other conditions and pressures facing governments, common government financial management issues, appropriations, measurement or evaluation of government financial or program performance, and the application of general audit methodologies or techniques to a government environment or program;
- p. specialized audit methodologies or analytical techniques, such as the use of complex survey instruments, actuarial estimates, statistical analysis tests, or statistical or nonstatistical sampling;
- q. performance auditing topics, such as obtaining evidence, professional skepticism, and other applicable audit skills;
- r. government ethics and independence;
- s. partnerships between governments, businesses, and citizens;
- t. legislative policies and procedures;
- u. topics related to fraud, waste, abuse, or improper payments affecting government entities; and
- v. compliance with laws and regulations.

### **Subject Matter That Directly Enhances Auditors' Professional Expertise to Conduct Engagements (56-Hour Requirement):**

Subject matter that directly enhances auditors' professional expertise to conduct engagements may include, but is not limited to, the following:

- a. subject matter categories in the 24-hour requirement listed above;
- b. general ethics and independence;
- c. topics related to accounting, acquisitions management, asset management, budgeting, cash management, contracting, data analysis, program performance, or procurement;
- d. communicating clearly and effectively, both orally and in writing;
- e. managing time and resources;
- f. leadership;
- g. software applications used in conducting engagements;
- h. information technology; and
- i. economics, human capital management, social and political sciences, and other academic disciplines that may be applied in engagements, as applicable.

### **Measurement of CPE:**

A CPE hour may be granted for each 50 minutes of participation in programs and activities that qualify.

For university or college credit courses, each unit of college credit under a semester system equals 15 CPE hours, and each unit of college credit under a quarter system equals 10 CPE hours. For

university of college noncredit courses, CPE hours may be granted only for the actual classroom time.

For individual-study programs where successful completion is measured by a summary examination, CPE credit may be granted if auditors complete the examination with a passing grade. Auditors in other individual-study programs may earn CPE hours when they satisfactorily complete the requirements of the self-study program. The number of hours granted may be based on the CPE provider's recommended number of CPE hours for the program.

Speakers, instructors, and discussion leaders at programs that qualify for CPE and auditors who develop or write the course materials may receive CPE hours for preparation and presentation time to the extent the subject matter contributes to auditors' competence. One CPE hour may be granted for each 50 minutes of presentation time. Up to 2 CPE hours may be granted for developing, writing, or advance preparation for each 50 minutes of the presentation. Auditors may not receive CPE hours for either preparation or presentation time for repeated presentations that they make within the 2-year period, unless the subject matter involved was changed significantly for each presentation. The maximum number of CPE hours that may be granted to an auditor as a speaker, instructor, discussion leader, or preparer of course materials may not exceed 40 hours for any 2-year period.

Articles, books, or materials written by auditors and published on subjects and topics that contribute directly to professional proficiency to conduct engagements qualify for CPE hours in the year they are published. One CPE hour may be granted for each hour devoted to writing articles, books, or materials that are published. However, CPE hours for published writings may not exceed 20 hours for any 2-year period.

### **Subjects and Topics that Do Not Qualify:**

Examples of programs and activities or subjects and topics that do not qualify for CPE hours include but are not limited to the following:

- a. on-the-job training;
- b. basic or elementary courses in subjects and topics in which the auditor already has the knowledge and skills being taught;
- c. programs that are designed for general personal development, such as resume writing, improving parent-child relations, personal investments and money management, and retirement planning;
- d. programs that demonstrate office equipment or software that is not used in conducting audits or attestation engagements;
- e. programs that provide training on the audit organization's administrative operations; and
- f. business sessions at professional organizations, conferences, conventions, and meetings that do not have a structured educational program with learning objectives.

Basic or elementary courses would be acceptable in cases where they are deemed necessary as "refresher" courses to enhance the auditors' proficiency to conduct audits and attestation engagements.

### 2.5.3 RECORDING CPE ACTIVITIES

The Chief Internal Auditors are responsible for maintaining documentation of the CPE hours completed by each auditor subject to CPE requirements. The audit organization's records, which may be kept electronically as appropriate, should include the following information for each CPE program or activity attended or completed by an auditor:

1. the name of the organization providing the CPE;
2. the title of the training program, including the subject matter or field of study;
3. the dates attended for group programs or dates completed for individual-study programs;
4. the number of CPE hours earned toward the 56-hour and 24-hour requirements;
5. any reasons for specific exceptions granted to the CPE requirement; and
6. evidence of completion of CPE, such as a certificate or other evidence of completion from the CPE provider for group and individual-study programs, if provided; documentation of CPE courses presented or copies of course materials developed by or for speakers, instructors, or discussion leaders, along with a written statement supporting the number of CPE hours claimed; or a copy of the published book, article, or other material that name the writer as author or contributor, or a written statement from the writer supporting the number of CPE hours claimed.

Required records for CPE participation shall be maintained by the Chief Internal Auditor for at least six years.

## Article III – Quality Assurance Review ~~Program~~ Coordination Section I – Introduction

### 3.1.1 BYLAW AUTHORITY

These Bylaws constitute the authority for and policy governing a Quality Assurance Review Program (also referred to as Peer Review Program) applicable to all State of Illinois government internal audit organizations. This Program is administered by the State Internal Audit Advisory Board in conformance with the State's Fiscal Control and Internal Auditing Act (30 ILCS 10/2005(f)(3)).

### 3.1.2 DEFINITIONS

When used in these Bylaws, the following words and phrases have the following definitions:

Assistant Quality Assurance Coordinator is a ~~Board~~SIAAB member who is assigned duties as outlined in Paragraph 1.4.3 of these Bylaws.

~~Board~~SIAAB is the State's Internal Audit Advisory Board established under the Fiscal Control and Internal Auditing Act (30 ILCS 10/2005).

Coordinator(s) are ~~the Board~~SIAAB members who are assigned duties as outlined in Article I Section IV of these Bylaws.

CPE Coordinator is a ~~Board~~SIAAB member who is assigned duties as outlined in Paragraph 1.4.4 of these Bylaws.

FCIAA is the Fiscal Control and Internal Auditing Act (30 ILCS 10/1001 et.seq).

Internal Audit Organization is an internal audit unit within an agency (as defined in the Fiscal Control and Internal Auditing Act (30 ILCS 10/1003(a))) of Illinois State Government.

Program is the evaluation and assessment program, developed by the State's Internal Audit Advisory Board for conducting quality assurance reviews of State internal audit units.

Quality Assurance Coordination Checklist is a document to be used by the ~~Special Assistants and the Assistant~~ Quality Assurance Coordinator, Assistant Quality Assurance Coordinator, and Special Assistant Coordinators, to determine the Quality Assurance Review Team completed the quality assurance review and reported the results in a manner consistent with ~~the Board~~SIAAB's requirements.

Quality Assurance Coordinator is a ~~Board~~SIAAB member who is assigned duties as outlined in Paragraph 1.4.2 of these Bylaws.

Quality Assurance Matrix is a tool developed by ~~the Board~~SIAAB and is to be used by Internal Audit Departments and their Quality Assurance Review Teams to conduct the Quality Assurance Review.

Quality Assurance Report is the document prepared by the Internal Audit Organization and Quality Assurance Review Team to report on quality, conformance, and compliance of an Internal Audit Organization resulting from a quality assurance review.

Quality Assurance Review is an independent, external quality assurance assessment or a self-assessment with independent external validation of the quality and performance of an Internal Audit Organization's conformance with the Standards and Code of Ethics adopted by ~~the Board~~SIAAB's Bylaws in Article II, Sections III and IV.

Quality Assurance Review Team is the team of qualified internal audit professionals assembled by the Chief Internal Auditor of the Internal Audit Organization being reviewed and presented by the Quality Assurance Coordinator for ~~Board~~SIAAB approval prior to carrying out a particular quality assurance review assignment.

SIAAB is ~~the~~ State's Internal Audit Advisory Board.

Special Assistant is an individual who is assigned duties as outlined in Paragraph 1.4.3 of these Bylaws.

## **Article III – Quality Assurance Review ~~Program~~**

### **Coordination**

### **Section II - Organization**

### 3.2.1 PROGRAM GOVERNANCE

The State's Quality Assurance Review Program shall be governed by ~~the~~ SIAAB and administered by the Quality Assurance Coordinator and Assistant Quality Assurance Coordinator in accordance with these Bylaws.

### 3.2.2 PURPOSE

The purpose of the Program is to develop and maintain an objective and independent assessment that will enable Internal Audit Organizations to improve the quality of their internal audit functions. Such assessment should specifically determine whether:

1. The Internal Audit Organization is operating in conformance with the Standards and Code of Ethics adopted by ~~the Board~~ SIAAB's Bylaws in Article II, Sections III and IV.
2. The Internal Audit Organization's internal quality assurance system is in place and operating effectively.

## **Article III – Quality Assurance Review ~~Program~~ Coordination**

### **Section III - Quality Assurance Review Coordinators**

### 3.3.1 COORDINATOR STRUCTURE

The positions of Quality Assurance Coordinator and Assistant Quality Assurance Coordinator are created under Article I Section IV of these Bylaws.

### 3.3.2 GENERAL POWERS

Pursuant to these Bylaws and any applicable directives of ~~the~~ SIAAB, the Quality Assurance Coordinator and Assistant Quality Assurance Coordinator shall have the following powers:

1. To administer the activities of the Quality Assurance Review program;
2. To recommend to ~~the~~ SIAAB modifications to the evaluation standards, guidelines, evaluation criteria and requirements for assessments of Internal Audit Organizations; and
3. To make procedural decisions affecting the Quality Assurance Review Program which are consistent with the Bylaws and/or directives of ~~the~~ SIAAB.

### 3.3.3 GENERAL DUTIES

Pursuant to these Bylaws and any applicable directives of ~~the~~ SIAAB, the Quality Assurance Coordinator and Assistant Quality Assurance Coordinator shall have the duties outlined in Article I, Section IV.



# Article III – Quality Assurance Review

## Program Coordination

### Section IV - Quality Assurance Reviews

#### 3.4.1 CONDUCT OF REVIEWS

Chief Internal Auditors must have a process in place for periodic internal and external quality assessments. External quality assurance (peer) reviews should be conducted pursuant to the process adopted by SIAAB using the SIAAB Quality Assurance Matrix; any alternate QAR processes, such as the QAR Manual or IIA resources, must be approved by SIAAB.

#### 3.4.2 ESTABLISHMENT OF STANDARDS

On ~~December 13, 2016~~ January 7, 2025, the SIAAB adopted the ~~changes to the~~ IIA's ~~\*International Standards for the Professional Practice of Internal Auditing~~ Global Internal Audit Standards (StandardsGIAS) effective January ~~19, 2025~~ 17, as the auditing standards for Internal Audit Organizations in Illinois state government. Beginning January 1, 2002, State of Illinois Internal Audit Organizations are required by ~~the Board~~ SIAAB to conduct an external quality assurance assessment or a self-assessment with independent external validation, at least once every five years by an independent reviewer or review team from outside the organization (~~IIA Attribute Standard 1312~~ GIAS 8.4). The Chief Internal Auditor of each Internal Audit Organization is responsible for ensuring that the mandated external assessments are completed within the required timeframe. If an Internal Audit organization's quality assurance review will not be completed by the date it is required the Chief Internal Auditor must notify ~~the Board~~ SIAAB of a later date when the review will be completed.

Internal auditors may report that their activities are "conducted in accordance with the Global Internal Audit Standards~~International Standards for the Professional Practice of Internal Auditing~~," without an explanatory statement, only if internal and external assessments of the quality improvement program support a conclusion that the internal audit activity Generally Conforms with the StandardsGIAS. When internal or external assessments result in a conclusion of Partially Conforms or Does Not Conform to the Standards and/or Code of Ethics adopted by ~~the Board~~ SIAAB's Bylaws in Article II, Sections III and IV, audit organizations are required by the SIAAB to disclose the nonconformance and corrective action to be taken to senior management and the board. The Chief Internal Auditor shall determine the manner of disclosure appropriate for the agency which may include explanatory paragraphs in audit reports, inclusion in the internal audit annual report, or other as deemed appropriate. The disclosure is required annually until a subsequent review has been conducted by the external validator verifying that appropriate corrective action has been taken and approved by ~~the Board~~ SIAAB.

#### 3.4.3 REVIEW TEAMS

Each Internal Audit Organization and Quality Assurance Review Team is required to follow SIAAB's external quality assurance methodology as outlined in these Bylaws. Before proceeding with the assessment, the Chief Internal Auditor must contact the Quality Assurance Coordinator to obtain ~~the Board~~ SIAAB approval of the team by submitting the Request for Quality Assurance Team form with each team members' Statement of Independence and Confidentiality Commitment

Forms. The CPE Coordinator will maintain a listing of individuals who have completed quality assurance review training and have expressed an interest in serving on a review team. Upon request, the ~~Assistant~~ Quality Assurance Coordinator will assist Chief Internal Auditors in recruiting volunteers for review teams. Chief Internal Auditors are responsible for ensuring their reviews are scheduled and completed in a timely manner.

~~The Board~~SIAAB will review the request for approval to determine whether each review team member adequately possesses the qualifications, experience, independence and training established by ~~the Board~~SIAAB. Reciprocal quality assurance reviews shall not be performed and will not be approved by ~~the Board~~SIAAB. Upon ~~the Board~~SIAAB's approval, the Internal Audit Organization may enter into a contract with an external validator to conduct either a full external quality assurance assessment or serve as an independent external validator for a Self-Assessment with Independent Validation.

### **Team Member Minimum Qualifications**

Qualifications and experience of each team member:

- Requires a bachelor's degree with course work in auditing, business management, public administration, economics, computer science, accounting or other related subjects. Preferably with twelve semester hours in accounting.
- Experience in the auditing field, or other relevant technical or industry experience which enhances the collective proficiency of the review team.
- Successfully completed ~~the Board~~SIAAB's most recently updated Online Quality Assurance Review Training Program, unless waived by ~~the Board~~SIAAB.
- Is in compliance with the SIAAB's continuing professional education requirements as set forth in Bylaw Paragraph 2.5.1.

At least one member of the review team must also:

- 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.
- Have some governmental experience or other industry specific experience.

At least one individual with the certified internal auditor designation must provide independent oversight of the external assessment. It is preferred that at least one member of the review team has an active certified internal auditor designation. However, SIAAB may approve a review team without a certified internal auditor designation by assigning a certified internal auditor as a quality assurance coordinator for the review.

### **3.4.4 EXTERNAL QUALITY ASSURANCE REVIEW REPORTS**

At the conclusion of the on-site review, the review team shall meet with the Chief Internal Auditor of the Internal Audit Organization in a pre-exit to discuss the preliminary results of the review. Observations or suggestions for improvement in techniques used by the Internal Audit Organization, which are not conformance issues with the IIA, Standards and Code of Ethics adopted by ~~the Board~~SIAAB's Bylaws (Article Sections III and IV) should be brought to the Chief Internal Auditor's attention and should not be included in the Internal Audit Department's External

Quality Assurance report. The written report shall include the team leader and Chief Internal Auditor signatures and their written comments. The Internal Audit Department's Quality Assurance Matrix Report ~~-27 and Quality Assurance Matrix~~ should be forwarded to the Quality Assurance Coordinator and Assistant Quality Assurance Coordinator. These documents shall be reviewed ~~by a Special Assistant and the Assistant Quality Assurance Coordinator~~ using the Quality Assurance Coordination Checklist. ~~The Assistant Quality Assurance Coordinator will make The Quality Assurance Coordinator, Assistant Quality Assurance Coordinator, or Special Assistant shall make a~~ recommendation ~~to the Quality Assurance Coordinator~~ on whether ~~the Board~~ SIAAB should accept or decline to accept the Internal Audit Department's Quality Assurance Matrix Report. ~~After the Quality Assurance Coordinator reviews the Coordination Checklist and resolves any concerns/disagreements, the Quality Assurance Coordinator shall make a recommendation to the Board to accept/decline to accept the Internal Audit Department's Quality Assurance Report.~~ After ~~the Board~~ SIAAB decides to accept or decline acceptance of the Report, the Quality Assurance Coordinator shall prepare, sign and issue SIAAB's Letter to Accept/Decline to Accept each Internal Audit Department's Quality Assurance Report. ~~The official date of a QAR report shall be the date a QAR report is submitted to the SIAAB Quality Assurance Coordinator or Assistant Quality Assurance Coordinator for approval, if the report is subsequently approved by the SIAAB.~~

### **3.4.5 RESOLUTION OF DISPUTES**

An Internal Audit Organization not in concurrence with the results of their quality assurance review, if irresolvable at the review team/~~Assistant Quality Assurance Coordinator~~ level, should proceed to the Quality Assurance Coordinator for resolution, and, if necessary, to ~~the Board~~ SIAAB where resolution shall be final and binding.

### **3.4.6 DISTRIBUTION OF FINAL EXTERNAL QUALITY ASSURANCE REVIEW REPORTS**

All final Internal Audit Department's External Quality Assurance Review Reports shall also contain the written responses of the Internal Audit Organization. Only the Quality Assurance Coordinator has authority to issue ~~the Board~~ SIAAB's Letter to Accept/Decline to Accept each Internal Audit Department's External Quality Assurance Reports. Each letter must be signed by the Quality Assurance Coordinator and will be issued as follows:

- One copy to the Chief Executive Officer of the Internal Audit Organization;
- One copy to the Chief Internal Auditor of the Internal Audit Organization;
- One copy to the Quality Assurance Review Team Leader;
- One copy to be kept by the Quality Assurance Coordinator until completion of the next external quality assurance review; and
- One copy to ~~the Board~~ SIAAB's Freedom of Information Officer.

### **3.4.7 FINAL DISPOSITION OF QUALITY ASSURANCE DOCUMENTS**

The Internal Audit Department's External Quality Assurance Report, Quality Assurance Matrix, and supporting work papers are exempt from the Freedom of Information Act as "materials prepared for or compiled with respect to internal audits of public bodies" (5 ILCS 140/7(a)(m)). As such, these documents shall not be released to anyone outside the external quality assurance review program which includes the Quality Assurance Review Team, Special Assistants, and

Board members. Internal Audit Organizations are responsible for retaining the official Board's Letter to Accept/Decline to Accept, the Internal Audit Department's External Quality Assurance Report, supporting workpapers, and documents until completion of the next external quality assurance review.

For agencies subject to the State Records Act (5 ILCS 160), External Quality Assurance documentation should be retained until the completion of the next external quality assurance review but no less than 5 years.

If any unresolved dispute results in a binding and final decision by the SIAAB (See Section 3.4.5), the ~~Assistant~~ Quality Assurance Coordinator and FOIA Coordinator must retain a copy of the relevant documentation until the completion of the next external quality assurance review. This documentation is exempt from FOIA as "materials prepared for or compiled with respect to internal audits of public bodies" (5 ILCS 140/7(a)(m)).

## **Article III – Quality Assurance Review**

### **Program Coordination**

## **Section V – Engaging Agencies**

### **3.5.1 ENGAGING CHIEF INTERNAL AUDITORS OF AGENCIES DUE FOR A QAR**

Following the appointment of the Quality Assurance Coordinator and Assistant Quality Assurance Coordinator in March of each year, the Quality Assurance Coordinator or Assistant Quality Assurance Coordinator may contact the Chief Internal Auditors (or an appropriate audit liaison) of agencies with upcoming QAR due dates (*i.e., QARs due within the next 18 months, QARs likely to begin during the next year*) to notify them of their role as Quality Assurance Coordinator and advise them of the resources available to assist them in completing the QAR by the deadline.

### **3.5.2 ENGAGING AGENCIES DELINQUENT ON THEIR QAR**

When an agency becomes delinquent on their quality assurance review, the Quality Assurance Coordinator or Assistant Quality Assurance Coordinator will contact the Chief Internal Auditor (or an appropriate audit liaison) of the agency and request an update on the status of the quality assurance review.

When an agency is more than one year delinquent on their quality assurance review, the Chair may send a letter to the agency's chief executive officer, with the following conditions:

- The Chief Internal Auditor should be engaged prior to issuance of a late QAR letter.
- The letter should include information about correspondence from the Chief Internal Auditor, as appropriate.
- Each letter to a chief executive officer must be approved by a vote of ~~the Board~~ SIAAB.

Letters may be sent at one-year intervals following the QAR deadline, subject to the same aforementioned conditions.

## Article IV – Amendments

These Bylaws, except those quoted from the enabling statute, may be amended by two-thirds (2/3) majority vote at any regular or special meeting of the Board.

Originally adopted by the SIAAB on December 10, 2003, and amended as follows:

Article I - Section 4.2 Performance Committee amended by SIAAB on October 13, 2004.

Article I - Section IV Committees 4.2 Performance Committee was amended by the SIAAB on December 14, 2005 to add "at least" to the number of members on the Performance Committee in order to have additional reviewers for Quality assurance Review workpapers.

Article I - Section IV Committees, 4.2 Performance Committee, was amended by the SIAAB on September 10, 2008 to state that the Performance Committee shall be comprised of the Board's Vice Chair and may include volunteers selected by the Board's Chair and approved by the Board.

Article I - Section IV Committees 4.2 - Performance Committee was amended by the SIAAB on December 9, 2009 to clarify that the Board's Vice Chair is responsible for oversight of the Performance Committee; and the CPE Coordinator also serves on the Performance Committee and is responsible for coordinating the Board's Quality assurance review training program.

Article I - Section IV Committee Quorum Requirements - was amended by the SIAAB on December 9, 2009 to clarify that whenever there is a real or apparent conflict and/or lack of quorum to transact business, the Chair of the Executive and/or Performance Committee may either forgo meeting until a quorum is present or bring the business before the Board, (if the Board has a quorum present) so that further action can be taken.

Article II - Section 5.1 Continuing Professional Education was amended by SIAAB on November 10, 2004.

Article II - Section 5.1 Continuing Professional Education was amended by SIAAB on October 10, 2007 to incorporate the GAO's Continuing Professional Education Requirements.

Article II - Section 5.1 Continuing Professional Education was amended by SIAAB on January 13, 2010 to clarify that internal auditors hired after the beginning of an audit organization's 2-year CPE period should also prorate the 24 CPE hours directly related to government auditing based on the number of full 6-month intervals remaining in the CPE period.

Article II - Section 5.1 Continuing Professional Education was amended by SIAAB on February 10, 2010 to clarify that all internal auditors must complete a minimum of 80 hours of CPE that directly enhance the auditor's professional proficiency to perform audits or attestation engagements whether employed full-time or part-time.

Article III - Section 4.2 Peer Review was amended by the SIAAB on March 9, 2005 to incorporate the approved use of self-assessment with independent external validation; to clarify the request for extension of a peer review period, and to provide further guidance on the use of "conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*."

Article III - Section 4.2 Peer Review was amended by the SIAAB on November 15, 2006 to require agencies with noncompliance issues to continue using an explanatory paragraph in reports until subsequent reviews are conducted by an external validator to verify appropriate corrective action has been taken and such reviews have been approved by the Board. Agency should not expect the Office of the Auditor General to conduct the subsequent reviews.

Article III - Section 4.3 Review Teams - Team Member Minimum Qualifications - Item #2 Peer Review Training was amended by SIAAB on April 19, 2006 to require team members to have successfully completed the most recently updated training program, approved or provided by the SIAAB.

Article IV - Section V Amendments was changed by the SIAAB on January 11, 2006 by changing the heading from Section V Amendments to Article IV - Amendments.

A periodic and comprehensive review of the SIAAB's Bylaws was initiated at the July 14, 2009 Board meeting and approved by the Board at its November 6, 2009 meeting. The revision impacted multiple Articles and Sections resulting in the "peer review" language being replaced with current "quality assurance" language. Additional clerical and technical changes were made to the Bylaws to clarify changes in officers, professional auditing standards and statutory mandates that had occurred since the initial adoption of the SIAAB Bylaws in 2003.

The Bylaws were amended August 11, 2010 to incorporate various changes to the Freedom of Information Act and the Open Meetings Act; structural changes from Committees to Coordinators; and some editorial changes.

The Bylaws were amended January 12, 2011 as follows: Article I – Section 3.2 Election of Officers – A space was added to separate the third and fourth paragraphs of this section; Article I – Section 4.2 Quality Assurance Coordinator – Second Bullet was amended to add "or as changes occur" at the end of the sentence; Article I – Section 5.1 Meetings – second sentence was amended to read, "...shall be approved by the Board prior to the end of the calendar year for the following calendar year."; Article I – Section 5.4 Recording of Meetings – The number of days for publishing minutes was changed to 10 days; Article III – Section 1.2 Definitions – Definition number 11 was amended to include the word "conformance" '*...to report quality, conformance, and compliance...*', and definition number 12 was amended to replace the word "compliance" with "conformance"; Article III – Section 2.2 Purpose – Item #1 was amended to include "...FCIAA and in conformance with the Standards..."; Article III – Section 4.2 Establishment of Standards – First sentence was amended to read, "*On December 8, 2010, the SIAAB adopted the changes to the IIA's \*International Standards for the Professional Practice of Internal Auditing (Standards) effective January 1, 2011.*"; Article III – Section 4.3 Review Teams – Third paragraph was deleted; Article III – Section 4.4 External Quality Assurance Review Reports – First paragraph – Fourth sentence was amended to read, "*The Internal Audit Department's Quality Assurance Report and Quality Assurance Matrix should be forwarded to the Assistant Quality Assurance Coordinator.*"; Article III – Section 4.5 Resolution of Disputes – Second paragraph was deleted; Article III – Section 4.7 Final Disposition of Quality Assurance Documents – First paragraph – First sentence was amended to delete "*Summary Memo*"; Article III – Section 4.7 Final Disposition of Quality Assurance Documents – Second paragraph was amended to delete the following statement, "*included in the agency's Application for Authority to Dispose of State Records and*".

Article II – 2.5.1 Continuing Education Requirements were amended by SIAAB on February 9, 2011 to clarify that when portions of the internal audit services are contracted out, the Chief Internal Auditor must ensure that individuals assigned to such internal audit services have obtained the appropriate continuing professional education.

Article I - Section 1.44 Other Coordinators was amended by SIAAB on March 9, 2011 to establish the SIAAB Guidance Coordinator's position which is responsible for monitoring changes to applicable professional standards, receive request for interpretations and guidance, and seeking comment from State of Illinois Chief Internal Auditors.

Article I, Section V – Conduct of Business – Added new section 1.5.6 – Public Comment at Board Meetings. New addition to the Bylaws approved by SIAAB on December 14, 2011.

Article II, Section V – Continuing Education Requirements – 2.5.2 Qualifying CPE Activities, was amended by SIAAB on August 8, 2012 to add Item #4 under subsection “c” regarding successfully completed professional examinations and to delete the last paragraph of this section.

Article II, Section V – Continuing Education Requirements – 2.5.2 Qualifying CPE Activities, Section on Subjects and Topics that Do Not Qualify was amended by SIAAB on August 8, 2012 to delete Item “i”.

Article I, Section I – Name and Purpose – 1.1.2 Purpose – Added items related to Board's fulfillment of statutory missions: 1) Promulgate a uniform set of professional standards and a code of ethics to which all State internal auditors must adhere, 2) Serve as a clearinghouse for the correlation of internal audit training needs and training designed to meet those needs, and 3) Coordinate quality assurance review activities among the State's internal audit units.

Article I, Section II – Membership – 1.2.4 General Responsibilities – Added new paragraph, “Each new Board member must complete the electronic Open Meetings Act (OMA) training curriculum no later than the 90<sup>th</sup> day after the member assumes responsibilities as a member of the Board, and file a copy of the certificate of completion with the SIAAB FOIA Coordinator (5 ILCS 120/1.05).”  
Article III, Section IV – Quality Assurance Reviews – 3.4.1 Conduct of Reviews – Last sentence was amended to read, *“The Board has established that internal assessments must be completed whenever there is a significant change in personnel or auditing standards, as determined by the Chief Internal Auditor.”*

Article III, Section IV – Quality Assurance Reviews – 3.4.2 Establishment of Standards – First sentence was amended to read, *“On November 14, 2012, the SIAAB adopted the changes to the IIA's \*International Standards for the Professional Practice of Internal Auditing (Standards) effective January 1, 2013, as the...”*; and last sentence was amended to read, *“If an Internal Audit organization's quality assurance review will not be completed by the date it is required the Chief Internal Auditor must notify the Board of a later date when the review will be completed. The Quality Assurance Coordinator shall issue a letter to the Chief Executive Officer to whom the Chief Internal Auditor reports informing them that the Board has been notified that completion of the review will be delayed, the delayed completion date will result in the audit organization being out of compliance with Board requirements regarding quality assurance reviews and the new date when the review is expected to be completed.”*



Article III, Section IV – Quality Assurance Reviews – 3.4.3 Review Teams – Team Member Minimum Qualifications – Third bullet was amended to add, “..., *unless waived by the Board.*”; and Fourth bullet was amended to read, “*Is in compliance with the SIAAB’s continuing professional education requirements as set forth in Bylaw Paragraph 2.5.1.*”

Article III, Section IV – Quality Assurance Reviews – 3.4.4 External Quality Assurance Review Reports – Second sentence was amended to correct, “IIA”; Last two sentences were amended to read, “*The Assistant Quality Assurance Coordinator will make recommendation to the Quality Assurance Coordinator on whether the Board should accept or decline to accept the Internal Audit Department’s Quality Assurance Report. After the Quality Assurance Coordinator reviews the Coordination Checklist and resolves any concerns / disagreements, the Quality Assurance Coordinator shall make a recommendation to the Board to accept / decline to accept the Internal Audit Department’s Quality Assurance Report. After the Board decides to accept or decline acceptance of the Report, the Quality Assurance Coordinator shall prepare, sign and issue SIAAB’s Letter to Accept / Decline to Accept each Internal Audit Department’s Quality Assurance Report.*”

Article III, Section IV – Quality Assurance Reviews – 3.4.6 Distribution of Final External Quality Assurance Review Reports – Second sentence was amended to read, “*Only the Quality Assurance Coordinator has authority to issue the Board’s Letter to Accept / Decline to Accept each Internal Audit Department’s External Quality Assurance Reports*”

Article III, Section IV – Quality Assurance Reviews – 3.4.7 Final Disposition of Quality Assurance Documents – Last sentence was amended to read, “*Internal Audit Organizations are responsible for retaining the official Board’s Letter to Accept / Decline to Accept, the Internal Audit Department’s External Quality Assurance Report, supporting workpapers, and documents until completion of the next external quality assurance review.*”

Article II, Section V – Continuing Education Requirements - 2.5.2 Qualifying CPE Activities – Added the following sentence at the end of second paragraph, “*Additionally, the CPE Sponsor must either be registered as a CPE Sponsor with the Illinois Department of Professional Regulation or the National Association of State Boards of Accountancy (NASBA) National Registry.*”

Article I, Section IV – Coordinator Assignments – 1.4.3 Assistant Quality Assurance Coordinator and Special Assistants – Updated language regarding QAR Coordinator Special Assistant(s) selection and responsibilities.

Article I, Section IV – 1.4.4 Other Coordinators. Added the following new paragraph: *Whenever a new FOIA Coordinator or Assistant FOIA Coordinator is designated by SIAAB, that person must successfully complete the training provided by the Illinois Office of the Attorney General for both the Freedom of Information Act and the Open Meetings Act within 30 days after assuming the position.* Addition of new paragraph approved by SIAAB on December 9, 2014.

Article I, Section IV – 1.4.4 Other Coordinators – amended paragraph for new FOIA Coordinator or Assistant FOIA Coordinator regarding training within 30 days after assuming the position to include “*and, annually thereafter.*” Amendment approved by SIAAB on December 9, 2014.

Article III, Section IV – 3.4.4 External Quality Assurance Review Reports – was amended to add the following sentence to the end of paragraph, “*The official date of a QAR report shall be the date a QAR report is submitted to the SIAAB Quality Assurance Coordinator or Assistant Quality Assurance Coordinator for approval, if the report is subsequently approved by the SIAAB.*” Amendment approved by SIAAB on December 9, 2014.

Article II, Section V – Continuing Education Requirements - 2.5.2 Qualifying CPE Activities – was amended on March 10, 2015, to delete the following sentence at of the second paragraph, “*Additionally, the CPE Sponsor must either be registered as a CPE Sponsor with the Illinois Department of Professional Regulation or the National Association of State Boards of Accountancy (NASBA) National Registry.*”; and corrected section “b” title to read, “*Individual study programs, including:*”

Article I, Section IV – Coordinator Assignments – 1.4.4 Other Coordinators – was amended on May 9, 2017, to include the Recording Secretary responsibilities.

Article II, Section V – Continuing Education Requirements – 2.5.1 Continuing Professional Education – was amended on June 13, 2017, to update the CPE reporting cycle requirements for 2017-2018; deleted reference to written requests for granting exceptions; added reference that CPE requirements should not be prorated or excused for reasons such as workload, budget, or travel constraints; deleted reference regarding the Board granting up to two months to make up CPE hours deficiency; and added reference regarding making up deficiency on hours for auditors noncompliant with CPE requirements.

Article II, Section V – Continued Education Requirements – 2.5.1 Continuing Professional Education – was amended on December 12, 2017, to add “*At least two hours of CPE earned in every calendar year must be in Ethics.*” to the end of first paragraph.

Article III, Section II – Organization – 3.2.2 Purpose – was amended on December 12, 2017, to delete “*compliance with applicable provisions of FCIAA and in*” from item #1.

Article III, Section II – Organization – 3.4.4 External Quality Assurance Review Reports – was amended on December 12, 2017, to replace “*compliance*” with “*conformance*” and delete “*and/or FCIAA*” on the second sentence of first paragraph.

Article II, Section III – Professional Auditing Standards – 2.3.1 Professional Auditing Standards – was amended on January 9, 2018, to delete “*requirements of the Fiscal Control and Internal Auditing Act.*” from to list of bulleted items.

Article I, Section II – Membership – 1.2.2 Terms – was amended to delete “*The Board may make a recommendation for Board appointment(s) to the Governor.*” from the first paragraph.

Article II, Section V – Continuing Education Requirements – 2.5.3 Recording CPE Activities – was amended on August 14, 2018, to change the CPE participation records retention from “five” to “six” years.

Article II, Section V – Continuing Education Requirements – Sections 2.5.1 Continuing Professional Education; 2.5.2 Qualifying CPE Activities; and 2.5.3 Recording CPE Activities were revised in their entirety as approved by SIAAB on December 11, 2018.

Article III – Quality Assurance Review Program – Section V – Engaging Agencies with sub-sections 3.5.1 – Engaging Chief Internal Auditors of Agencies Due for a QAR and 3.5.2 – Engaging Agencies Delinquent on Their QAR, was added to the Bylaws as approved by SIAAB on January 8, 2019.

Article III – Quality Assurance Review Program – Section IV – Quality Assurance Reviews, section 3.4.1 Conduct of Reviews was revised on August 13, 2019, to read, “*Chief Internal Auditors must have a process in place for periodic internal and external quality assessments. External quality assurance (peer) reviews must be conducted pursuant to the process adopted by SIAAB using the SIAAB Quality Assurance Matrix.*”

Article II, Section V – Continuing Education Requirements – 2.5.1 Continuing Professional Education – was amended on October 8, 2019, to change the word “should” to “must” in the following sentences, “*At least 24 of the 80 hours of CPE must be in subjects directly related to government auditing, or the specific or unique environment in which the audited entity operates. At least 20 hours of the 80 must be completed in any one-year of the two-year period. At least 4 of the 80 hours of CPE must be in subjects related to ethics.*”

Article III – Quality Assurance Review Program – Section IV – Quality Assurance Reviews, section 3.4.3 Review Teams was revised on December 10, 2019, to delete “*between two Internal Audit Organizations*” from the second sentence of the second paragraph.

Article II, Section V – Continuing Education Requirements – 2.5.2 Qualifying CPE Activities – was approved on December 10, 2019, to be amended effective January 1, 2020, to 1) list additional programs and activities that qualify for CPE hours, and 2) delete “*conducting external quality assurance reviews*” and “*sitting for professional certification examinations*” from the listing of Subjects and Topics that Do Not Qualify section.

Article I, Section III – Officers – 1.3.3 Duties of Officers – was amended on April 14, 2020 to include, “*On an annual basis, the Chair and Vice Chair are responsible for successfully completing the Open Meetings Act training provided by the Illinois Office of the Attorney General, and filing a certificate of completion with the Board.*”

Article I, Section IV – Coordinator Assignments – 1.4.4 Other Coordinators – was approved April 14, 2020, and amended to update the FOIA Coordinator and Assistant FOIA Coordinator responsibilities.

Article I, Section V – Conduct of Business – 1.5.7 Meetings Conducted by Audio or Video Conference – new section added as approved on August 11, 2020.

Article III – Quality Assurance Review Program – Section IV – Quality Assurance Reviews, section 3.4.2 Establishment of Standards revised on October 13, 2020, to delete “*Board’s*” from the first sentence of the second paragraph.

Article III – Quality Assurance Review Program – Section IV – Quality Assurance Reviews, section 3.4.3 Team Member Minimum Qualifications revised on January 12, 2021, to update qualifications and experience of each team member.

Article I, Section V – Conduct of Business – 1.5.3 Votes Conducted by the Board revised February 9, 2021, to update first paragraph to delete “...or by secret ballot...” from first sentence and add “*Voting in meetings conducted by audio or video conference are addressed in Section 1.5.7.*” to the end of paragraph.

Article III – Quality Assurance Review Program – Section IV – Quality Assurance Reviews, section 3.4.2 Establishment of Standards revised on March 9, 2021, to delete last sentence from first paragraph.

Article I – Section 4.4. Other Coordinators amended by SIAAB on May 10, 2022, to add additional Guidance Coordinator responsibility of arranging periodic communications with the OAG.

Article III – Section 4.2 (*second paragraph*) was amended by SIAAB on June 14, 2022, to revise the method in which nonconformance is communicated to senior management and the board to allow CIA to determine.

Article II – Section 2.5.1 was amended by SIAAB on October 11, 2022, to correct typographical errors.

Article III – Section 3.4.1 was amended by SIAAB on August 8, 2023, to permit the use of alternate QAR processes, such as IIA Resources, upon approval by SIAAB.

Article I – Section 1.5.7 was amended by SIAAB on December 12, 2023, to reflect that audio or video recordings of only open meetings must be made available to the public upon request.

The Bylaws were amended on January 7, 2025, to incorporate various changes related to the 2024 Global Internal Audit Standards and some editorial changes.

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