



# FLORIDA STATE UNIVERSITY

BOARD OF TRUSTEES

*Audit and Compliance Committee*



# FLORIDA STATE UNIVERSITY

## BOARD OF TRUSTEES

### *Audit and Compliance Committee*

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#### MEETING AGENDA

Thursday, October 30, 2025

12:15 pm-1:15 pm

Augustus B. Turnbull Conference Center  
555 W. Pensacola Street, Tallahassee, FL 32306  
Room 205

*The agenda will be followed in subsequent order and items may be heard earlier than the scheduled time.*

- I. Call to Order and Welcome**  
*Trustee Peter Jones, Chair*
- II. Approval of Minutes**  
*August 28, 2025, Meeting Minutes*
- III. Office of Compliance and Ethics Informational Items and Updates**  
*Mr. Robert Large, Chief Compliance & Ethics Officer*
  - a.** 2025 Annual Report and 2025-2026 Work Plan
  - b.** Operational Update
  - c.** Website Enhancements
- IV. Office of Audit and Advisory Services Informational Items and Updates**  
*Mr. Undra Baldwin, Chief Audit Officer*
  - a.** Status Update – OAAS Audits
  - b.** Fraud Awareness Week
- V. Open Forum for Trustees**  
*Trustee Peter Jones, Chair*
- VI. Adjournment**  
*Trustee Peter Jones, Chair*



FLORIDA STATE UNIVERSITY  
BOARD OF TRUSTEES  
*Audit and Compliance Committee*

# Meeting Minutes August 28, 2025



# FLORIDA STATE UNIVERSITY

## BOARD OF TRUSTEES

### *Audit and Compliance Committee*

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#### MEETING MINUTES (DRAFT)

Thursday, August 28, 2025

1:30 p.m. – 2:42 p.m.

Location: Turnbull Conference Center

**Attended in Person** (committee): Trustee Peter Jones – Committee Chair; Trustee Jim Henderson;  
Board of Trustees Chairman Peter Collins

**Staff** (committee): Robert Large; Undra Baldwin

**Other Trustees in Attendance:**

**Others in attendance:** Kyle Clark, Senior Vice President for Finance & Administration  
Rick Burnette, Senior Vice Provost and Chief Strategy Officer  
Michael Williams, Assoc. Vice President for Finance & Administration  
Renisha Gibbs, Assoc. Vice President for Human Resources/Chief of Staff  
for Finance & Administration  
Other University administrators and staff

**I. Call to Order and Welcome**

*Trustee Peter Jones, Chair*

Committee Chair Jones called the meeting to order at 1:30 p.m. and recognized that Chairman Collins and Trustee Henderson were present and that there was a quorum.

**II. Approval of Minutes**

*June 12, 2025, Meeting Minutes*

***Chair Jones moved to approve the committee meeting minutes from June 12, 2025. Trustee Henderson seconded the motion, and the minutes were approved unanimously by all present at the meeting.***



**III. Office of Compliance and Ethics**  
**Action Items for Consideration of Recommendation to the Board of Trustees**  
*Mr. Robert Large, Chief Compliance & Ethics Officer*

**A. Action Item I: Request for Approval: Fiscal Year 2025 Foreign Countries of Concern Agreements Report Pursuant to BOG Regulation 9.012**

Mr. Large discussed the Foreign Countries of Concern Agreements Report pursuant to BOG Regulation 9.012. Mr. Large requested approval for Action Item 1 and requested that this item be included as consent approval on the full Board's Agenda.

Audit and Compliance Committee (Committee) Chair Jones asked if there were any questions prior to the vote. There were no questions.

*Trustee Henderson moved to approve Action Item 1. The motion was seconded by Chairman Collins, and Action Item 1 was approved unanimously by all Committee members present at the meeting.*

**IV. Office of Compliance and Ethics Informational Items and Updates**  
*Mr. Robert Large, Chief Compliance & Ethics Officer*

Mr. Large gave a general operational update and an update on current initiatives, including the external program effectiveness review status:

➤ **Foreign Gifts and Contracts Reporting**

Required by section 1010.25, F.S., Sec. 117 of the federal Higher Education Act, and federally funded programs (NSF). State reporting ( $\geq$ \$50,000 in or out (foreign countries of concern)); 15 student sponsorships, 2 research subcontracts, 1 payment for lease in England. Federal reporting ( $\geq$ \$250,000); 15 student sponsorships. Separate reporting through NSF is due in October. This is the second year of this reporting requirement.

➤ **Outreach Activities**

Mr. Large discussed ongoing engagement with the Compliance Partnership Committee, along with activities planned for National Compliance and Ethics Week, November 3-7, 2025. The Office of Compliance and Ethics is planning for two interactive events to educate the campus population on compliance and ethics topics. On November 4<sup>th</sup>, there will be a Compliance Workshop: Conflicts, Gifts, and Foreign Influence Simplified. On November 5<sup>th</sup>, there will be a Compliance and Ethics Expo and Awards ceremony.

➤ **External Program Effectiveness Review**

Mr. Large shared that the external review was completed with Huron Consulting Group. Mr. Large briefly discussed the benefits of the review as an opportunity to recalibrate and maximize efforts. The assessor concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the BOG Regulation 4.0003 in all material aspects. There will also be proposed updates to the compliance program plan informed by the results of the external review. The results of the review will be reported to the

BOG. Mr. Large highlighted some of the findings of the review, details of which are contained within Huron's reports:

- The program is structured consistent with Federal Sentencing Guidelines and Florida Law.
- The University has policies and procedures to promote ethical conduct and detect misconduct, and there are key policies in place.
- The University needs to establish a formalized process to ensure compliance and ethics-related policies are regularly reviewed, updated, and accessible.
- The program collaborates closely with the Audit function to conduct a shared institutional risk assessment. The department will use the institutional risk assessment to inform the program's annual work plan.
- With regard to addressing known or potential issues, the program collaborates with key offices to investigate reports of misconduct and will develop a formal process to review and track corrective actions for informing the Board of program activities.

The review recommends certain items to be implemented within one year. Other programmatic/policy changes are recommended for 2-3 years or 4-5 years.

Examples of high-priority implementation items include:

- Tie in institutional risk management and coordinate monitoring activities based on results.
- Formalize reporting relationships between OCE and operational compliance areas and revise internal staff roles.
- Define OCE's role in policy development, monitoring, and revision.
- Develop a process for monitoring or follow-up after investigations.
- Monitor trends in compliance issues to identify hot spots in need of attention, e.g., additional training or controls.
- Implement a compliance and ethics training program required for new employees and annually thereafter.

Examples of medium priority implementation items include:

- Develop Compliance KPIs and report on those to the BOT.
- Create a catalog of compliance training in coordination with CPC.

Examples of low-priority items include:

- Expand communication efforts to ensure consistent understanding of OCE's oversight role.

#### ➤ **Next Steps**

OCE will send the External Effectiveness Review report to the BOG per regulation and work with leadership and stakeholders to develop a more concrete implementation plan based on recommendations. OCE will present the annual report and work plan incorporating implementation items at the next BOT meeting.

**V. Office of Audit and Advisory Services**  
**Action Items for Consideration of Recommendation to the Board of Trustees**  
*Mr. Undra Baldwin, Chief Audit Officer*

**A. Action Item I: Request for Approval: FY2025-2026 Audit Plans**

Mr. Baldwin discussed the proposed FY2025-2026 Operational and Information Technology Audit Plans with the Committee. Mr. Baldwin reviewed the 12 projects listed on the Operational Audit Plan and the 11 projects listed on the IT Audit Plan. Mr. Baldwin requested approval for Action Item 1 and requested that this item be included as consent approval on the full Board's Agenda.

Committee Chair Jones asked if there were any questions prior to the vote. There were no questions.

*Trustee Henderson moved to approve the FY2025-2026 Audit Plans. Chairman Collins seconded the motion, and the motion was approved unanimously by all Committee members present at the meeting.*

**B. Action Item II: Request for Approval: FSU Board of Trustees Audit and Compliance Committee Charter Revision**

Mr. Baldwin discussed the Audit and Compliance Committee Charter Revisions, citing revisions for sections 8 (financial reporting), and removing sections 8.2-8.7; and removing sections 9.1, 9.3, and 9.4 – respectively; and revising section 9.5 “to provide oversight of component units” (DSOs and auxiliaries) selection of external auditors to perform audit work in accordance with BOT Regulation 2.025. Mr. Baldwin further shared that the Audit function was previously combined with the Finance, Business, and Audit (FBA) Committee. In 2018, the Audit function was removed from the FBA Committee and combined with the Compliance function to form the Committee. The previous Chief Audit Officer copied the responsibilities from the FBA Committee Charter into the Committee Charter although several of the Committee responsibilities were related to the Finance and Business functions and not the Audit function. The removed sections are currently being discussed with the Finance Committee by SVP Kyle Clark.

Committee Chair Jones asked if there were any questions prior to the vote. There were no questions.

*Trustee Henderson moved to approve the FSU Board of Trustees Audit and Compliance Committee Charter Revision. Chairman Collins seconded the motion, and the motion was approved unanimously by all Committee members present at the meeting.*

**VI. Office of Audit and Advisory Services Informational Items and Updates**  
*Mr. Undra Baldwin, Chief Audit Officer*

- Status Update – FY2024-2025 Operational and Information Technology (IT) Audits and Activities
- Anti-Fraud Framework Update

Mr. Baldwin provided a status update on all Operational and IT audits completed and still in progress, along with other OAAS activities.

In Summary:

- i. 8 Operational Audits have been completed
- ii. 3 Operational Audits have been rolled over to FY2025-2026
- iii. 6 IT Audits have been completed
- iv. 5 IT Audits have been rolled over to FY2025-2026, two of which are advisory

Mr. Baldwin and Mr. Michael Williams, Associate Vice President for Finance & Administration, provided an update on the FSU Anti-Fraud Framework. Mr. Baldwin shared that the Anti-Fraud Framework information was previously discussed in the OAAS Year-end Recap, but the BOG requested that it be discussed separately with the Committee.

Mr. Baldwin and Mr. Williams reviewed the relevant guidance and requirements per BOG Regulation 3.003 Fraud Prevention & Detection, as well as internal controls (FSU Policy 4-OP-A-9). Also discussed was the FSU Board of Trustees Orientation, required for all newly appointed members of the FSU BOT, and facilitated by OCE, as part of their orientation process.

Mr. Baldwin shared that the Anti-Fraud activities are performed by the OAAS office, including the annual risk assessment that considers fraud risks, audit engagements that evaluate potential fraud opportunities/risks, and investigations and complaints/intakes. Mr. Baldwin further shared that OAAS offers Internal Control and Fraud Awareness training sessions, which are provided to university personnel twice during the spring and fall and once during the summer. These sessions help participants understand the role of internal controls and their importance in the workplace and learn key indicators to increase awareness and assist in the prevention and detection of fraud.

**VII. Open Forum for Trustees**  
*Trustee Peter Jones, Chair*

Chair Jones opened the floor to discuss any additional items.

There were no further items for discussion.

**VIII. Adjournment**  
*Trustee Peter Jones, Chair*

***There being no additional topics for discussion, Chair Jones adjourned the meeting at 2:42 p.m.***



FLORIDA STATE UNIVERSITY  
BOARD OF TRUSTEES  
*Audit and Compliance Committee*

# Compliance Information Item A



**FSU**  
**OFFICE OF**  
**COMPLIANCE & ETHICS**

**2025**  
**Annual**  
**Report**  
  
**and**  
**2025-2026**  
**Work Plan**

## From the Chief Compliance and Ethics Officer

I am pleased to present to the Board of Trustees an update on the activities of the Office of Compliance and Ethics (OCE) over the last year and programmatic plans for the 2025-2026 year. The last year has been marked by substantial growth to OCE's staffing levels and work capacity, which has elevated awareness of our services and deepened our partnerships across the University community. We look forward to using this momentum to continue to increase our office's visibility and effectiveness.

A key milestone during the year was the successful completion of an external effectiveness review, as required by Board of Governors (BOG) Regulation 4.003. The review affirmed the strength of FSU's compliance and ethics infrastructure, with the University receiving a "generally conforming" rating in 35 of 39 assessed metrics. This outcome reflects FSU's ongoing commitment to fostering a culture of ethical conduct, accountability, and compliance risk mitigation.

We also welcomed the addition of the Student Ombuds Office to OCE. This program is led by the newly-appointed University Student Ombuds, who is charged with fulfilling statutory and regulatory responsibilities to ensure student complaints, appeals, and general questions are properly fielded within the University. This new position has already created substantial value by providing a central resource for students, faculty, and staff, reviewing policies and procedures, and conducting outreach efforts to ensure visibility of the office and continuous improvement of services.

The accomplishments and activities highlighted in this report are organized around the seven elements of an effective compliance and ethics program as outlined in Chapter 8 of the U.S. Sentencing Commission Guidelines. The report also outlines strategic priorities for the 2025-2026 program year, focusing on continuous improvement and institutional collaboration.

We are grateful for the continued support of University leadership and remain committed to advancing FSU's values through a strong, proactive, and collaborative compliance and ethics program.



A stylized, handwritten signature in black ink that reads "Robert Large".

**Robert Large, J.D., CCEP, CHRC**  
**Chief Compliance and Ethics Officer**





# Program Overview

The FSU Office of Compliance and Ethics provides oversight and guidance to all areas of the institution in matters related to compliance and ethics.

The office provides this oversight through the ongoing development of effective policies and procedures, education, training, monitoring, communication, and response to reported issues, as required by Chapter 8 of the Federal Sentencing Guidelines and Florida Board of Governors Regulation 4.003. The guidelines and regulation set forth the elements of an effective compliance and ethics program that maximizes compliance with laws, regulations, rules, and policies and promote ethical conduct.



## Elements of an Effective Compliance and Ethics Program\*

1

**Oversight**--Effective oversight with individuals and groups having operational responsibility, autonomy, and authority over the Program.

2

**Standards of Conduct/Policies and Procedures**--Clear, accessible, foundational component of the Program.

3

**Communication and Reporting**--Encourage employees to raise concerns and have investigative procedures in place.

4

**Education and Training**--Effective, ongoing training and establishing open lines of communication.

5

**Monitoring and Auditing**--Internal tools to evaluate effectiveness and detect noncompliant conduct.

6

**Enforcement and Discipline**--Establish appropriate incentives for compliance and disciplinary actions for violations.

7

**Response and Prevention**--Resolve identified problems promptly and add use to inform monitoring activities.

\* U.S. Sentencing Commission Guidelines, Ch. 8; Society of Corporate Compliance and Ethics; OCE Program Plan



# Our Team

## Office of Compliance and Ethics



### **Caroline Klancke, J.D., CCEP**

Associate Compliance Officer, Director of Ethics and Integrity Programs

- State ethics code guidance, COI/COC review, research conflicts, procurement ethics, investigations



### **Edna Gasque, M.S., CCEP**

Associate Compliance Officer, Director of International Affairs Compliance

- Foreign influence, researcher screening, foreign gifts and contracts, general compliance guidance



### **Rachel Neale, M.A., CCEP**

Compliance Program Coordinator

- Foreign researcher screening, outreach, communications



### **Rainey Basinger**

Compliance Systems Specialist

- CAMS system administrator, compliance data reporting



### **Sherona Tennyson**

Administrative Specialist

- Administrative support for OCE

## Student Ombuds Office



### **Grant Escue, J.D.**

University Student Ombuds

- Student grievances, complaints and appeals, reports to President on student-related trends and policy/process observations



### **Vacant (search underway)**

Administrative Specialist

- Administrative support for Student Ombuds Office

# Element One: Compliance Leadership and Executive Oversight

The Compliance and Ethics Program underwent an **external effectiveness review** conducted by Huron Consulting. The outcome of this review affirmed FSU's commitment to a strong culture of compliance and ethics. FSU's compliance and ethics program was found to generally conform to program requirements and expectations of the Board of Governors and the elements of an effective program found in Chapter 8 of the Federal Sentencing Guidelines. This review is required by Board of Governors Regulation 4.003 to occur every five years. Therefore, the next external effectiveness review will occur in 2030.

The **Compliance Partnership Committee (CPC)** was reconvened and meets quarterly to discuss University-wide compliance issues, such as policy development, conflict of interest and commitment, and other matters relevant to the group.

A subcommittee of the CPC has also developed the first **compliance and ethics awards program**, which will be presented in November.

In cooperation with the Office of the Provost, the Office of Compliance and Ethics (OCE) added the **Student Ombuds Office**, which provides a neutral point of contact for students who have questions, complaints, grievances, or appeals involving their academic experience. In addition to providing direct services to students, the Student Ombuds Office will also help enhance the activities of the compliance and ethics program by providing insight into policy issues that may need attention by the administration and supplying data that will help inform the University's accreditation process.

## 2025-2026 Work Plan Items

- Discuss opportunities to bring additional informational resources and training to the Board of Trustees and Cabinet, such as ethics refreshers and updates on specific compliance-related topics.
- Continue discussions with leadership regarding any programmatic changes to the compliance and ethics program based on the external review.
- Revise Program Plan to encapsulate any revisions requested by the OCE following discussions with leadership.
- Continue to engage with the CPC and find new ways for the committee to add value to the University's overall compliance program.
- Review potential frameworks for conducting compliance reviews within key compliance areas based on need. This framework may be informed by data received from the University's institutional risk management activities or other priorities identified in conjunction with management.
- Increase coordination between OCE staff and compliance partners in the area of foreign influence and international activities (e.g. international travel and training).

## Element Two: Written Standards of Conduct and Policies and Procedures

The OCE has partnered with the Office of the Provost to develop a **University-wide policy library** that will centralize resources and provide greater ease of access to University policies and increase efficiency and accountability for policy owners.

The OCE has also reviewed **conflict of interest and commitment policies** with the goal of recommending revisions to streamline and clarify disclosure requirements and align relevant policies with current practices.



### 2025-2026 Work Plan Items

- Complete review, revision, and creation of ethics-centered policies and recommend policy revisions to leadership.
- Review University-wide policies involving compliance and ethics matters to ensure consistency and currentness. (carry-forward from 2024-2025 Work Plan).
- Continue supporting the efforts of the Office of the Provost to transition FSU's policies to a central policy library.

## Element Three: Effective Lines of Communication; Reporting

The Chief Compliance and Ethics Officer (CCEO) maintains regular monthly meetings with the Chief Audit Executive, the Associate Vice President for Human Resources/Chief of Staff for the Vice President of Finance and Administration, the Associate Athletics Director for Compliance, the Title IX Director, and the Student Ombuds. The Chief Compliance and Ethics Officer has an EthicsPoint license and access to the EthicsPoint site to review complaints that arrive via the online portal. Regular meetings with the Chief Audit Executive and the Associate Vice President for Human Resources assist with workload issues and identification of the correct office to conduct investigatory activities and respond to complaints.

In addition, the CCEO consults with other departmental compliance partners on an as-needed basis. The OCE also responds daily to inquiries and requests for assistance from departments across the University, reflecting growing awareness of the office's services. The OCE benefits from strong professional relationships with the President, Cabinet members, and the Board of Trustees' Audit and Compliance Committee. Members of the Board of Trustees also frequently seek the CCEO's guidance on ethics-related matters.

Over the past year, the OCE expanded its outreach efforts through the launch of a **quarterly newsletter**, "**The Third Torch**," featuring timely compliance and ethics topics. This publication has enhanced faculty and staff awareness of OCE resources and contacts. The renewed engagement of the CPC has further strengthened collaboration between departmental compliance offices and the OCE.

Looking ahead, the OCE is preparing to host a new signature event during Compliance and Ethics Week—the "**FSU Compliance and Ethics Expo**"—scheduled for the first week of November. This initiative is designed to increase visibility of compliance resources, highlight institutional values, and provide new opportunities for campus engagement. The OCE will also co-host an **educational workshop** with the Office of Research Integrity, Security, and Ethics (RISE) on foreign influence, conflicts of interest, and gifts laws.

### 2025-2026 Work Plan Items

- Host workshops and other informational sessions, in addition to planned Compliance and Ethics Week activities.
- Enhance the OCE's web presence with timely resources and infographics and provide a hub for contacting other campus compliance departments.
- Leverage events and promotional items to bring awareness to faculty and staff on compliance and ethics-related topics.
- Discuss opportunities for more regular updates and trainings for leadership and the BOT, based on leadership priorities. (See also Element One).



## Element Four: Education and Training

The OCE provides **training on conflicts of interest and commitment** through the University's Conflicts Administration Management System (CAMS), which is the mechanism for employees to disclose outside activities and other financial interests per University policy. This training was revised in early 2025 to ensure currentness and reflect current practices in the review process.

Reviewer training was also enhanced to give more practical tools for administrators reviewing outside activity requests. Visual aids also help both disclosers and reviewers navigate the system efficiently.

In the area of foreign influence, the OCE has partnered with HR and RISE to bring regular trainings to HR departmental representatives regarding the foreign researcher screening process, as well as ad hoc trainings for various college and department level-staff.

The OCE was invited to participate on the procurement review committee for a University-wide Learning Management System (LMS), which will create new opportunities for streamlining and tracking training requirements. This system could be leveraged in the future for delivery of compliance-related trainings.

OCE has developed new **reference guides on ethics-related topics**, such as gift guides, a conference attendance guide, and a Form 1 Filer Toolkit. These resources take what are often confusing and complex ethics requirements and distill them into a more user-friendly and digestible format for employees. We have also been pleased to present educational presentations to the SGA on ethics topics relevant to student leadership and look forward to future opportunities to engage with students.

### 2025-2026 Work Plan Items

- Create new and revised training programs for compliance-related activities utilizing a new LMS platform once available.
- Host workshops and other informational sessions on timely compliance and ethics topics. (See also Element Three).
- Create a general ethics training module for faculty and staff, separate from CAMS user trainings (carry-forward from 2024-2025 work plan).
- Improve and promote Office of Compliance and Ethics website.
- Enhance training opportunities/requirements for foreign travel in conjunction with RISE and the Office of the Provost.

## **Element Five: Audits and Evaluation**

### **Techniques to Monitor Compliance**

The OCE is often part of the management response to reports of the Office of Audit and Advisory Services (OAAS), working to implement recommendations and address follow-up concerns resulting from internal audits or investigations. In addition to independent audits conducted by the OAAS, the OCE plays a role in monitoring compliance with University programs in other, more informal ways, or in the context of formal investigations of reports of unethical conduct.

FSU has established an **Institutional Risk Management** framework led by the Senior Vice President for Finance and Administration and the Chief Audit Executive, and units across the University have participated in a risk assessment. OCE will benefit from the information gathered through this process to inform compliance-related activities.

The OCE underwent an **audit of foreign influence programs** as required by statute. This audit involved a review of the foreign researcher screening process and the foreign travel approval process. Both audits yielded action items for improvement and enhancement of those activities. The OCE is also working with Information Technology Services, Human Resources, and RISE on implementation of a new software platform—Decisions—that will provide increased efficiency and a better mechanism for managing the workflow of the foreign researcher screening process.

### **2025-2026 Work Plan Items**

- Continue working with the IRM team to identify ways OCE can utilize compliance-related risk data gleaned from the risk assessment process to inform compliance oversight activities.
- Continue monitoring the foreign researcher screening process in conjunction with the Office of Human Resources and RISE and improve processes where possible.
- Continue with tasks necessary to implement the Decisions platform for foreign researcher screenings.



## Element Six: Appropriate Enforcement, Disciplinary Mechanisms, and Incentives



The OCE's investigation procedures provide that the OCE will refer the results of any investigation it conducts to the appropriate administrator(s) for further review or action. When discipline is recommended as an outcome of an investigation, the OCE works with the departmental supervisor and the Office of Human Resources to ensure that discipline is consistent and proportional.

In addition to consistent disciplinary action, creating incentives for good conduct can be just as important as deterring poor conduct. The OCE has developed the **inaugural Compliance and Ethics Awards**, which are designed to recognize exemplars from the FSU community in the area of compliance and ethical conduct. A total of three awards are planned, which will be awarded during Compliance and Ethics Week in November 2025.

### 2025-2026 Work Plan Items

- Continue to identify new training opportunities to highlight the importance of ethical conduct.
- Review possibilities to use enforcement data to spot trends and inform targeted training and oversight activities.
- Highlight champions of compliance and ethics through the inaugural awards program.

## **Element Seven: Investigation and Remediation of Systemic Problems**

The **CAMS system** has made important improvements to FSU's outside activity and conflict of interest disclosure processes. The OCE continues to explore ways to use data from that system to ensure transparency with regard to employee outside activities and monitor compliance with state law and federal programs, which routinely include conflict disclosure requirements. RISE has created a **Research Conflict of Interest Committee**, on which an OCE staff member will serve, to provide for a more thorough review of proposed activities that may present a conflict of interest in research programs.

The OCE has worked with the Office of Faculty Development and Advancement to ensure reviews of disclosures in CAMS are properly analyzed and that appropriate follow-up is conducted to ensure reviewers have the tools and information they need to review disclosures.

To that end, the review workflow has been fine-tuned to ensure requests are properly routed in the CAMS system, and reminders are sent to reviewers regarding any un-reviewed requests.

The OCE created an internal **Standard Operating Procedure for investigating reports of conflicts of interest or commitment, misuse of public position or information, or other unethical conduct**. The OCE conducted two ethics/outside activity-related investigations (one reported through EthicsPoint and one at the request of internal administrators) and two independent reviews at the request of the Chief Procurement Officer.

### **2025-2026 Work Plan Items**

- Use information gleaned from investigation outcomes to inform targeted compliance efforts in the area of conflicts of interest and commitment.
- Continue using CAMS data and information from the newly-established Research Conflict of Interest Committee to enhance targeted resources and training for frequently encountered scenarios.
- Increase CAMS disclosure compliance rates through targeted education and departmental outreach.

## Other Highlighted Activities

| Matters Tracked*                            |       |
|---------------------------------------------|-------|
| Foreign Researcher Screenings               | 670   |
| Foreign Travel Request Reviews              | 1,560 |
| Procurement-Related Ethics Inquiries        | 43    |
| Ethics/Outside Activity Investigations      | 2     |
| Independent Reviews of Procurement Awards   | 2     |
| Research Management Plans/Exemption Reviews | 2     |

\*Represents items actually tracked. A large number of other inquiries, including Form 1 technical guidance, outside activity reviews, and general compliance consultations, occurred during this time frame.

### Professional Development and Service:

- Two staff members obtained **Certified Compliance and Ethics Professional (CCEP)** designations through the Society for Corporate Compliance and Ethics (SCCE).
- The CCEO obtained the **Certified in Healthcare Research Compliance (CHRC)** designation through the Health Care Compliance Association.
- One staff member completed online coursework toward **eSPEAR Certification** through the Office of Sponsored Research Administration.
- Three staff members attended the **SCCE 2025 Higher Education and Research Conference**.
- Two staff members attended the **2025 University Risk Management and Insurance Association (URMIA) Annual Conference**.
- Director of Ethics and Integrity Programs serves as FSU's representative on the **City of Tallahassee Independent Ethics Board** and co-chairs the ethics subcommittee of the **State University System Compliance Consortium**.
- The CCEO moderated a panel session at the **National Association of College and University Attorneys (NACUA) 2025 Annual Conference**.

**Contact:**

**Robert Large, J.D., CCEP, CHRC**  
**Chief Compliance and Ethics Officer**  
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FLORIDA STATE UNIVERSITY  
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# Audit Information Item A



**Audit Status**  
**Information Technology Audits**  
**as of October 15, 2025**

|   | Report No. | Audit Area                                                                   | Fiscal Year | Audit Phase |           |           |        |          |
|---|------------|------------------------------------------------------------------------------|-------------|-------------|-----------|-----------|--------|----------|
|   |            |                                                                              |             | Planning    | Fieldwork | Reporting | Issued | Canceled |
| 1 | ITR26-01   | Facilities Data Exchange Audit                                               | FY2024-2025 |             |           |           | X      |          |
| 2 | N/A        | Computer Science Department                                                  | FY2024-2025 |             |           | X         |        |          |
| 3 | N/A        | Registrar Department's Driver and Vehicle Information Database (DAVID) Audit | FY2025-2026 |             |           | X         |        |          |
| 4 | N/A        | ITS Centralization                                                           | FY2024-2025 |             | X         |           |        |          |
| 5 | N/A        | College of Business - <i>Advisory Project</i>                                | FY2024-2025 |             | X         |           |        |          |
| 6 | N/A        | Northwest Regional Data Center (NWRDC) Audit Follow-up                       | FY2025-2026 |             | X         |           |        |          |
| 7 | N/A        | Student-Athlete Revenue Sharing (Third-Party Vendor and Security Review)     | FY2025-2026 |             | X         |           |        |          |



**Audit Status  
Operational Audits  
as of October 15, 2025**

|   | Report No. | Audit Area                                                                      | Fiscal Year | Audit Phase |           |           |        |          |
|---|------------|---------------------------------------------------------------------------------|-------------|-------------|-----------|-----------|--------|----------|
|   |            |                                                                                 |             | Planning    | Fieldwork | Reporting | Issued | Canceled |
| 1 | AR26-01    | Ringling Foundation Financial Statement Audit Follow-up                         | FY2025-2026 |             |           |           | X      |          |
| 2 | N/A        | Florida State University Schools - Phase 2                                      | FY2024-2025 |             |           | X         |        |          |
| 3 | N/A        | Construction Audit - Interdisciplinary Research & Commercialization Building    | FY2024-2025 |             |           | X         |        |          |
| 4 | N/A        | Research Grants                                                                 | FY2024-2025 |             | X         |           |        |          |
| 5 | N/A        | Institutional Risk Management Program - <i>Advisory Project</i>                 | FY2024-2025 |             | X         |           |        |          |
| 6 | N/A        | State University System Performance-Based Funding Audit (mandated)              | FY2025-2026 |             | X         |           |        |          |
| 7 | N/A        | State University System Preeminent Research University Funding Audit (mandated) | FY2025-2026 |             | X         |           |        |          |
| 8 | N/A        | Student-Athlete Revenue Sharing                                                 | FY2025-2026 |             | X         |           |        |          |