Ethics and Compliance Program

Departmental Policy and Procedure Manual

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UC Ethics and Compliance Program

Department Policy and Procedure Manual Overview

PURPOSE

The Office of Ethics and Compliance Services (ECS) Policy and Procedure Manual (Manual) has been designed to provide a clear statement of ECS department policy and related procedural steps for internal department operations. The policies contained in this manual are guided by the Ethics and Compliance Program (Program) as approved by the Board of Regents (Regents) of the University of California in July 2008 (*see attached Ethics and Compliance Program Plan*). In addition, the policy statements are guided by UC's Statement of Ethical Values and Standards of Ethical Conduct and utilize the Seven Elements of an Effective Compliance Program as written by the United States Federal Sentencing Guidelines (FSG) as a foundation. The ECS Manual will be updated periodically to reflect changes in University policy and/or other regulatory changes.

SCOPE

The ECS Policy Manual provides a roadmap for ECS staff and interested campus and UCOP leadership to make day to day compliance program operational decisions within a structured framework that provides consistency and objectivity (see attached organizational chart of reporting relationships). With decision-making comes responsibility. Each policy contains a purpose and responsibility statement and overarching procedural steps to provide guidance for implementation.

GOALS

The goal of the ECS Policy Manual is to guide the department in its efforts to assure the Regents that UC conducts its operations in compliance with government rules and regulations by implementing an effective Program. The ECS Manual provides a foundation for ECS to structure a Program that effectively:

- Enhances a culture within UC that promotes prevention, detection, and resolution of instances of non-compliance with federal and state laws, public and private requirements and UC's ethical and administrative policies;

- Articulates and demonstrates UC's commitment to the Program;

- Maintains a process for disseminating information and guidance on applicable federal and state statutes, regulations, University policy and other requirements;

- Maintains an infrastructure throughout University of California system to support the Program;

- Reduces damage to the reputation and goodwill of UC resulting from misconduct;

- Educates and informs employees of the importance of ethics and compliance processes and procedures;

- Provides advance notice of, and expectations for employees regarding ethics and compliance processes and procedures, and the repercussions associated with non-compliance;

- Assists the University of California in complying with federal, state and local rules and regulations;

- Mitigates penalties and sanctions that may be imposed for non-compliance;

- Provides a means and method for the University of California to monitor the strengths and weaknesses of ethics and compliance documentation processes for all University sites;

- Provides a means of preventing and detecting any noncompliant business practices;

- Provides a protocol for responding to any regulatory investigation or audit; and

- Provides employees a means by which to report or address concerns or issues regarding noncompliance within the University.

ESTABLISHING AND MAINTAINING ECAS DEPARTMENTAL POLICIES

Responsible Officer:	Senior Vice President and Chief Compliance, & Audit Officer
Responsible Office:	Ethics, Compliance and Audit Services
Effective Date:	February 1, 2011
Next Review Date:	2014
Scope	All ECS Department Personnel

I.   POLICY SUMMARY:

The purpose of this Policy is to inform ECAS employees how Departmental policies are promulgated, reviewed and revised.

As the Department Head for ECAS, the Senior Vice President and Chief Compliance and Audit Officer is responsible for developing policies and procedures as needed to align Departmental activities with the mission of the Ethics and Compliance Program as set out in Regents Standing Orders and Bylaws and Presidential directives that may be issued from time to time (*see Related Information*).

II.   DEFINITION OF TERMS:

SVP/CCAO – Senior Vice President and Chief Compliance and Audit Officer

III.   POLICY TEXT

IV.   RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

V.   PROCEDURES

The process for developing, reviewing and revising Departmental policies is as follows:

- Departmental policies will be written in plain language that is easily understood by all audiences.

- Departmental policies will use a common format (template), and a common glossary of terms.

- Policies will annually be reviewed for updating, and will be formally reviewed at least every three years.

- Policies will be revised in response to new University governance structures, to regulatory requirements, and to align the policy with other administrative policies.

- Policies will be decommissioned or rescinded when they are found to be no longer useful or necessary in support of the functions of the ECAS Department.

- The SVP-CCEO may appoint an ad hoc committee from Departmental personnel to perform the review process and make recommendations to management**.**

- Departmental administrative policies will be provided to all departmental personnel, and they will be required to attest that they have read the policies. New personnel will be required to review the policies within 30 days of hire.

VI.   FORMS/INSTRUCTIONS (N/A)

VII.   ADDITIONAL CONTACTS (N/A)

VIII.   RELATED INFORMATION

Ethics and Compliance Program (Program) as approved by the Board of Regents (Regents) of the University of California (UC) in July 2008

Office of Ethics, Compliance and Audit Services Organizational Chart

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

VI.   REVISION HISTORY

This is the initial version of this policy

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

ANNUAL COMPLIANCE WORK PLAN

Responsible Officer:	Senior Vice President and Chief Compliance, & Audit Officer
Responsible Office:	Ethics, Compliance and Audit Services
Effective Date:	February 1, 2011
Next Review Date:	2014
Scope	ECS Program Directors, Campus/UCOP Ethics and Compliance Risk Committees and Compliance Officers, Health Sciences Compliance Officers

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I.   POLICY SUMMARY

The purpose of this Policy is to provide a consistent system-wide approach to the assessment, development, approval, implementation and evaluation of UC Systemwide compliance work plan that will incorporate individual campus and OP compliance priorities and risk mitigation plans on an annual basis. Per the Regents' approved Ethics and Compliance Program Plan (July 2008), there will be a process to assure the Regents that compliance controls in high risk compliance areas of UC operations and mechanisms to support UC strategic goals are in place and are evaluated on an ongoing basis.

II.   DEFINITION OF TERMS
III.   POLICY TEXT
IV.   RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

:   SVP/CCAO/ PCAC/REGENTS CC&A

V.   PROCEDURES

Pre Plan Development: Risk Assessment Process

1. Following the timeline as established by the SVP/CCAO disseminated on an annual basis, each CECO and UCOP ECO will be responsible for submitting a draft campus-specific compliance work plan to the SVP/CCAO for review and aggregation into a system-wide draft compliance work plan. That draft work plan will be submitted to the Presidents Compliance and Audit Committee (PCAC) and the Regents' Committee on Compliance and Audit for approval (CC&A).

2. ECS will encourage each CECRC to work collaboratively with their Internal Audit and Risk Management function for the development and implementation of a comprehensive risk assessment process.

3. Following the completion of the risk assessment process, the CECO or designee will aggregate identified potential compliance risks from the assessment observations for prioritization by the CECRC, or by the CECO for review and approval by the CECRC.

4. In addition, each CECRC will review applicable industry risk alerts, e.g., privacy, health care/sciences, research, etc issues, findings from regulatory agency audits/surveys, other accreditation processes, investigations and identified system-wide potential risk areas for the incorporation into the plan development process.

Plan Development, Consolidation and Approval by the Regents

1. Utilizing the work plan template as provided by the ECS Office, each CECRC's work plan should include documentation of prioritization of potential high compliance risks, and a summary of risk mitigation plan(s) for each risk area, delineating specific steps that include, but may not be limited to, the following activities:

    a. Development/revision of current compliance related policies and procedures;

    b. Development/revision of employee specific risk training and/or education programs;

    c. Development and implementation of audit/monitoring activities;

    d. Development and implementation of response/mitigation plans for the identified risks;

    e. Evaluation methodologies for mitigation activities.

2. ECS Program Directors will incorporate their function compliance risk-specific issues and relevant mitigation plans to include 1a-e above into the consolidated work plan.

3. Following review and approval by the PCAC and Regents' CC&A, the draft plans will be returned to the ECS Program Directors and campus/UCOP CECRCs for revision as requested, and then formal reapproval of the revised draft.

4. The consolidated revised UC system wide draft compliance plan will be submitted to the PCAC and the Regents' CC&A for final approval.

5. Following final approval by the Regents the ECS Office will develop performance metrics that will be distributed for review and approval for reporting by the Campus/UCOP CECRCs.

Plan Implementation, Performance Metrics, and Reporting

1. Acting on behalf of the Chancellor and EVP, campus/OP CECOs shall be responsible for overseeing the implementation of their campus-specific compliance work plan and submitting periodic updates to the CECRCs and ECS.

    a. Locations will be assisted in their ongoing compliance work plan activities through the assistance of the ECS Office and its overarching Annual Education and Audit/Monitoring Plan.

    b. For specific education and audit/monitoring procedural detail and an outline of activities from a system perspective, *refer to Annual Education and Annual Audit/Monitoring Plan*.

2. Quarterly reports outlining campus-specific progress to defined metrics will be submitted by the CECOs or their designees to the ECS Office, with dates defined per the scheduling of PCAC and Regents CC&A meetings.

    a. Notices will be sent out by ECS to the campuses/UCOP with sufficient time for the gathering and analysis of data for submission.

b. Template format for reporting will be developed and disseminated to the campus for ease in gathering data.

3. ECS will collaborate on the development of the quarterly report incorporating any programmatic information, e.g., research, privacy, healthcare and consolidating campus-specific data into the quarterly report, ECS will disseminate the draft report to the campuses for review and revision of any reporting error prior to submission to the PCAC and the Regents CC&A. All substantive metric changes requested by the campuses/UCOP will be subject to approval by the SVP/CCAO.

Annual Report

Following the template as established annually by the ECS Office, each ECS Program Director and campus/OP CECRC will be responsible for evaluating the effectiveness of the current year's work plan and development of an annual report that will be submitted to the SVP/CCAO for consolidation into a system wide Annual Compliance Report to the Regents.

VI. FORMS/INSTRUCTIONS (N/A)

VII. ADDITIONAL CONTACTS (N/A)

VIII. RELATED INFORMATION

IX. FREQUENTLY ASKED QUESTIONS (N/A)

VI. REVISION HISTORY

This is the initial version of this policy

IX. FREQUENTLY ASKED QUESTIONS (N/A)

COMPLIANCE EDUCATION

Responsible Officer: Senior Vice President and Chief Compliance, Audit and Ethics Officer

Effective Date: February 1, 2011

Next Review Date: **2014**

Who is Covered: All ECS Department Personnel

I.   POLICY SUMMARY

One of the most important elements of an effective compliance program is an ongoing, relevant education and training program for all employees of UC. Basic (or general) compliance training provides the foundation and assists in enhancing the culture of ethical decision-making within an organization. Specific (relevant to job duties) training plans developed and assessed on a periodic basis that are based upon identified potential regulatory and/or other compliance risks is an essential component of education. ECS will take steps to communicate effectively UC's ethics and compliance standards, policies, and procedures to all employees by assisting the campuses and UCOP in providing access to function-specific compliance education/training, mandating general training as necessary and/or by disseminating publications that explain in a practical manner what is required of employees (*see attached Education Plan*).

II.   DEFINITION OF TERMS

III.   POLICY TEXT

IV.   RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

SVP/CCAO

SVP/CCAO

Education Report included in Annual Report to the Regents Compliance and Audit Committee

IMPLEMENTATION PROCEDURES

1. The ECS Education Plan (*refer to attached ECS Education Plan*) will provide a foundation for the development of an annual education work plan and will outline methodologies on how ECS will provide UC employees access to applicable training/education related to the Program, ethics and compliance principals and protocols and job specific compliance education.
2. Per direction of the SVP/CCAO, the Program Director charged with education oversight will collaborate with the ECS Program Directors and campus/UCOP CECOs and their respective CECRCs on the development of an annual education work plan following the tenets of the ECS Education Plan and based on identification of compliance-related training needs and agreed upon system and/or campus-specific compliance risks.
a. The draft education work plan will be disseminated to the CECOs for review and approval.

      b. Following approval by the CECOs and the SVP/CCAO, the annual education work plan will be submitted to the PCAC and the Regents' CC&A for approval as an addendum to the Annual Compliance Work Plan.

3. ECS will ensure that all UC employees receive periodic education/orientation to the overall Program guidance and standards on an ongoing basis. This general compliance education and training program shall be developed based upon system wide compliance issues that have been identified and include critical analysis in a scenario-based training.

4. Assigned ECS staff will collaborate with the campus/UCOP training directors (and learning management system-LMS) directors to ensure that documentation of all system wide formal training occurs as part of the ECS Education Plan.

5. ECS will ensure that appropriate processes are in place with the LMS and HR and other department leadership to maintain appropriate compliance training records for all employees, to include but may not be limited to attendance logs, instructor curriculum vitas, and material distributed at training sessions.

6. ECS staff will provide new UCOP employees with initial orientation to the Program and related policies and procedures.

7. The SVP/CCAO will provide Regents' Orientation session on the Ethics and Compliance Program on a periodic basis, as well as other relevant education based upon identified compliance risks.

8. ECS will maintain a communication process to alert campus/UCOP CECOs and CECRCs to the availability of related compliance education.

9. Evaluation of the effectiveness and relevance of the education work plan will be completed on an annual basis utilizing methodologies as approved by the SVP/CCAO and incorporated into the Annual Ethics and Compliance Report to the Regents.

VI.   FORMS/INSTRUCTIONS (N/A)

VII.   ADDITIONAL CONTACTS (N/A)

VIII. RELATED INFORMATION

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

VI.   REVISION HISTORY

This is the initial version of this policy

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

CONFIDENTIAL REPORTING MECHANISM/HOTLINE

Responsible Officer: SVP/CCAO

Effective Date: February 1, 2011

Next Review Date: TBD

Who is Covered: All ECS Personnel

I.   POLICY SUMMARY

The ECS Department will ensure that there is a consistent and advertised process for all employees to be made aware of, and have access to a confidential and anonymous means of reporting any suspected and/or actual compliance misconduct to ECS without fear of retaliation. That process will include timely triage to appropriate campus/UCOP personnel for follow-up, investigation, resolution and reporting. In addition, ECS will ensure that a process is in place for the timely aggregation and analysis of reports for identification of potential compliance risks and such risks are reported appropriately to management.

Per the approved Ethics and Compliance Program Plan and following recommendations of the USSC Sentencing Guidelines, the SVP/CCAO has the responsibility for providing oversight assure that UC maintains a confidential hotline as a means by which employees, supervisors, managers, and administrators may report, anonymously if desired, any suspected and/or actual actions of misconduct without fear of retaliation.

II.   DEFINITION OF TERMS

III.   POLICY TEXT

IV.   RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

Implementation of the Policy: SVP/CCAO

V.   PROCEDURES

All employees, supervisors, managers, and administrators are required under the Program to report, anonymously if desired, any suspected and/or actual actions of misconduct without fear of retaliation.

The SVP/CCAO will assure that UC maintains a confidential hotline as a means by which UC employees may report all suspected and/or actual misconduct to the appropriate personnel without fear of retaliation.

VI.   FORMS/INSTRUCTIONS (N/A)

VII.   ADDITIONAL CONTACTS (N/A)

VIII.   RELATED INFORMATION

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

VI.   REVISION HISTORY

This is the initial version of this policy

IX.   **FREQUENTLY ASKED QUESTIONS (N/A)**

INVESTIGATIONS & CORRECTIVE ACTIONS

Responsible Officer:	Senior Vice President and Chief Compliance, & Audit Officer
Responsible Office:	Ethics, Compliance and Audit Services
Effective Date:	February 1, 2011
Next Review Date:	2014
Scope	All ECS Department Personnel

I.   POLICY SUMMARY

The purpose of this Policy is to ensure that all reports of suspected violations of the law and/or the ethics and compliance program that are received through the hotline are appropriately managed, investigated and remedied.

The SVP/CCAO oversees the Office of the Director of Investigations (ODI). ODI is responsible for coordinating, tracking, managing and/or conducting investigations at the Office of the President and system-wide. The Office maintains oversight of a comprehensive program for review and investigation of complaints of improper governmental activity made under the University's Whistleblower Policy. The goal of this program is to ensure the University's compliance with federal and state whistleblower laws. This departmental policy on investigations reiterates that the SVP/CCAO will assure that UC maintains an investigations protocol to take prompt steps to investigate when reports are received through the hotline indicating suspected noncompliance to determine whether a material violation of applicable law or the requirements of the Regent's ethics and compliance program has occurred, and if so, to take steps to correct the problem.

II.   DEFINITION OF TERMS

III. RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

VI. PROCEDURES

1. The SVP/CCAO will ensure that a protocol is in place whereby all hotline reports that are of a serious nature will be communicated to the SVP/CCAO within a reasonable timeframe.

2. Upon receipt, the SVP/CCAO will review and assess such hotline reports to determine appropriate resources for investigation.

3. The SVP/CCAO will ensure that systems are in place to reasonably assure the confidentiality of the persons and matters as well as the conduct and outcome of investigations.

4. The SVP/CCAO will ensure that systems are in place to enable appropriate management to understand the nature, volume and trends of matters of investigation and challenges or opportunities for improvement.

5. The SVP/CCAO will ensure that a protocol is in place to alert OGC in the event of threats of litigation or breaches of law reported through the hotline.

6. Depending on the nature of the alleged violations, if an investigation is warranted, the investigation will commence as soon as practicable and may include interviews, a review of documents, and other investigative measures as needed.

7. The SVP/CCAO will ensure that a case management system is in place to maintain the records of alleged violations, descriptions of investigative processes, copies of interview notes and key documents such as investigative findings, disciplinary actions and remedial measures.

8. The SVP/CCAO will ensure that a protocol is in place to describe the conditions under which it is appropriate to engage outside counsel to assist in or conduct an investigation.

9. The SVP/CCAO will ensure that a protocol is in place to expedite disciplinary recommendations through HR and the appropriate managers.

10. The SVP/CCAO will ensure that a protocol is in place to refer substantiated allegations of wrongdoing to criminal and/or civil law enforcement authorities as appropriate.

VI.   FORMS/INSTRUCTIONS (N/A)

VII.   ADDITIONAL CONTACTS (N/A)

VIII.   RELATED INFORMATION

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

VI.   REVISION HISTORY

This is the initial version of this policy

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

ENFORCEMENT

Responsible Officer: Senior Vice President and Chief Compliance, & Audit Officer

Responsible Office: Ethics, Compliance and Audit Services

Effective Date: February 1, 2011

Next Review Date: 2014

Scope   All ECS Department Personnel

I.   POLICY SUMMARY:

To assure that ethics and compliance policies and procedures are followed and enforced. The SVP/CCAO will assure that UC maintains a protocol for enforcement and consequence actions are in place for UC employees who have failed to comply with UC's standards of conduct, policies and procedures, or state and federal laws, or those who have otherwise engaged in wrongdoing.

II.   DEFINITION OF TERMS

III.   POLICY TEXT

IV.   RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

V.   PROCEDURES

1. All ECS employees are subject to the *Statement of Ethical Values and Standards of Ethical Conduct* and currently approved UC Office of the President Human Resources disciplinary policies and procedures.

2. The SVP/CCAO will collaborate with the President, the Provost/Executive Vice Chancellor, and the Academic Senate Chairperson on the development and implementation of appropriate enforcement protocols that address non-compliance with federal/state and/or other compliance-related policies and procedures.

VI.   FORMS/INSTRUCTIONS (N/A)

VII.   ADDITIONAL CONTACTS (N/A)

VIII.   RELATED INFORMATION

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

VI.   REVISION HISTORY

This is the initial version of this policy

IX.   FREQUENTLY ASKED QUESTIONS (N/A)

RESPONSE TO GOVERNMENT INVESTIGATIONS

Responsible Officer: SVP & CHIEF COMPLIANCE & AUDIT OFFICER

Effective Date:

Next Review Date:

Scope: ALL EMPLOYEES

I. POLICY SUMMARY:

To assure that UC maintains a procedure for an orderly and legal response to the government's request for information to enable UC to protect its interests while fully cooperating with the investigation.ECS working in collaboration with OGC to assure that UC maintains a protocol to provide UC employees with guidance on cooperating with any appropriately authorized government investigation or audit.

II. DEFINITION OF TERMS

III. POLICY TEXT

IV. RESPONSIBILITIES

The Senior Vice President – Chief Compliance and Audit Officer is responsible for promulgating and revising this policy.

V. PROCEDURES

A variety of state and federal governmental agencies may at one time or another be involved in investigating UC for various reasons. Consequently, representatives of the government may arrive unannounced at ECS, a UC facility or at the homes of present or former UC employees. Generally, these representatives will wish to either interview UC employees or obtain certain documents.

1. Working with the OGC, ECS staff will assure that University maintains a protocol by which University employees understand how to respond appropriately if a representative from a government agency contacts a University employee for information regarding the University.

2. Through this protocol, the University will provide guidance to employees on how to cooperate and not make false or misleading statements to governmental investigators.

3. If a University employee contacts ECS staff, ECS staff will instruct the employee on how to comply with requests for information.

VI. FORMS/INSTRUCTIONS (N/A)

VII. ADDITIONAL CONTACTS (N/A)

VIII. RELATED INFORMATION

IX. FREQUENTLY ASKED QUESTIONS (N/A)

VI. REVISION HISTORY

This is the initial version of this policy

IX. FREQUENTLY ASKED QUESTIONS (N/A)

SYSTEMWIDE RESEARCH COMPLIANCE PROGRAM RESPONSIBILITIES

Responsible Officer: SVP & CHIEF COMPLIANCE & AUDIT OFFICER; Director of Research Compliance

Effective Date:

Next Review Date:

Scope: All Personnel supporting the Research Compliance Program in Office of Ethics Compliance and Audit Services

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I.   POLICY SUMMARY:

Under the direction of the SVP/CCAO, the Director of Research Compliance will implement the Systemwide Research Compliance Program which will serve as a framework for prevention, detection and resolution of instances of non-compliance within the UC research enterprise. The Systemwide Research Compliance Program will promote compliance with applicable Federal and state laws and University policy through creation and/or revision of systemwide research-related policies and procedures, facilitation of effective systemwide research compliance oversight/governance, use of auditing and monitoring tools to strengthen systemwide research compliance functions, and training UC stakeholders in various areas of research compliance. The Research Compliance Program is responsible for facilitating systemwide compliance in the following areas: Contracts & Grants (pre- and post-award), Human and Animal Subjects Protections, Research Misconduct, Conflict of Interest, Export Control, Intellectual Property and Environmental Health & Safety.

II.   DEFINITION OF TERMS

III.   POLICY TEXT

IV.   RESPONSIBILITIES

V.   PROCEDURES

1. The Director of Research Compliance shall be selected by and have a direct reporting relationship to the SVP/CCAO.

2. The Director of Research Compliance shall be accountable for facilitating compliance with applicable Federal and state laws and University policy governing University research. In carrying out such duties, the Director of Research Compliance shall be responsible for:

    a. Providing expertise and leadership to help facilitate compliance with research-related federal and state privacy statutes and University policies, and to identify instances of noncompliance for corrective action,.

b. In collaboration with University locations and UCOP, improving effectiveness of systemwide research compliance program through strategic systemwide research compliance initiatives

c. In collaboration with University locations and UCOP, helping to develop, revise, implement and manage University research policies and procedures necessary to ensure compliance with federal, state, and University regulatory requirements;

d. Responding to systemwide complaints and/or allegations of violations related to University research;

e. Assisting with systemwide investigations into processes and procedures affecting compliance with University research policies and procedures;

f. Helping campuses develop mitigation plans resulting from violations of Federal and state laws as well as University policies and procedures;

g. Overseeing systemwide research education for University employees.

h. Preparing reports and providing periodic updates related to research compliance activities to the SVP/CCAO and the President's Compliance and Audit Committee.

i. Sharing research-related matters/observations systemwide to leverage trends and preventative actions to mitigate research-related risk.

j. The Director of Research Compliance shall convene, or facilitate convening, of the following systemwide groups through listservs, calls and in-person meetings:

- Research Compliance Advisory Committee (RCAC)

- Health Sciences Research Compliance (HSRC) Group

- Institutional Animal Care and Use Committee (IACUC) Directors

- Attending Veterinarians

- Export Control Administrators

- Clinical Research Billing

k. The Director of Research Compliance shall participate as needed in the following systemwide calls/meetings to share research compliance-related information and gather information from campuses that may need to be addressed at the systemwide level:

- Institutional Review Board (IRB) Directors

- Conflict of Interest (COI) Coordinators

- Contract and Grant Officers

- Enterprise Risk Management

- Campus Ethics and Compliance Risk Committees (CECRCs)

3. The Director of Research Compliance shall have oversight responsibility for monitoring the research compliance efforts of the University.

VI. FORMS/INSTRUCTIONS (N/A)

VII. ADDITIONAL CONTACTS (N/A)

VIII. RELATED INFORMATION

IX. FREQUENTLY ASKED QUESTIONS (N/A)

VI. REVISION HISTORY

This is the initial version of this policy

IX. FREQUENTLY ASKED QUESTIONS (N/A)