

**School of Pharmacy**  
Departmental Audit

**Audit Report # 18-121**  
**August 31, 2018**



**The University of Texas at El Paso**  
**Office of Auditing and Consulting**

"Committed to Service, Independence and Quality"



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Office of Auditing and Consulting Services

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August 31, 2018

Dr. Diana Natalicio  
President, The University of Texas at El Paso  
Administration Building, Suite 500  
El Paso, Texas 79968

Dear Dr. Natalicio:

The Office of Auditing and Consulting Services has completed a limited- scope audit of the School of Pharmacy. During the audit, we identified opportunities for improvement and offered the corresponding recommendations in the audit report. The recommendations are intended to assist the department in strengthening controls and help ensure that the University's mission, goals and objectives are achieved.

We appreciate the cooperation and assistance provided by the School of Pharmacy staff during our audit.

Sincerely,

A handwritten signature in blue ink that reads 'Lori Wertz'.

Lori Wertz  
Chief Audit Executive

## **Report Distribution:**

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## EXECUTIVE SUMMARY

The Office of Auditing and Consulting Services has completed a limited scope departmental audit of the School of Pharmacy. The audit scope was limited to selected financial and administrative activities for the period of June 1, 2017 to December 31, 2017. The objectives of this audit were to verify audited areas were in compliance with University policies and procedures and identify opportunities for improvement.

During the audit we noted the following:

- The approval process of affiliation agreements for offsite educational experiences was not always followed.
- The student immunization records were incomplete, and there is not a process to follow up on pending records.
- Student criminal background checks and drug screenings were complete.
- Cost center reconciliations were not in compliance with University policy.
- ProCard holders did not always follow policies and procedures.
- Expenditures were not processed in accordance with University policy. Instances of non-compliance included:
  - .a. an Authorized Personal Services (APS) form was approved after the contracted services were completed, was for a service period exceeding 30 days, and did not include a copy of the individual's resume.
  - b. an approved travel authorization was not in place prior to travel,
  - c. employee reimbursements did not contain sufficient support documentation,
- Licenses for all preceptors (experienced practitioners) were reviewed on the Texas State Board of Pharmacy website to ensure their license was active. No exceptions were noted.
- IT security controls and safeguards of University information resources, assets, and confidential data were not always in place.

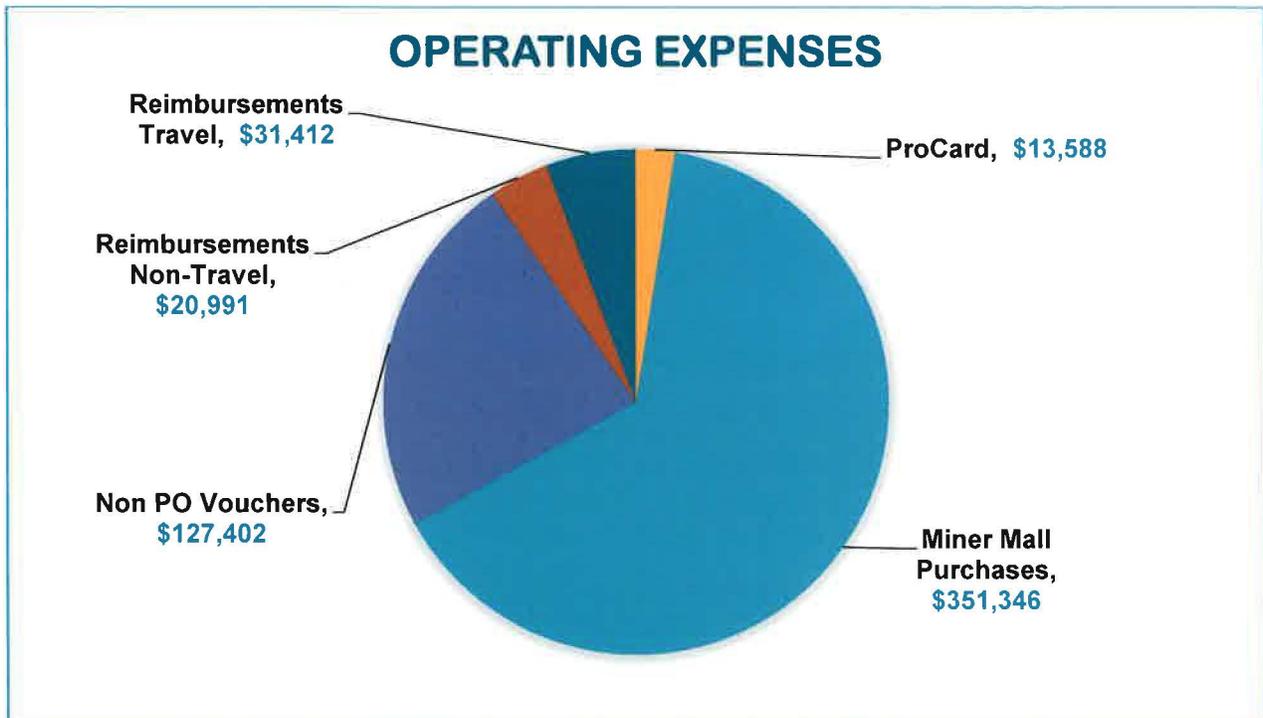
## BACKGROUND

In 1999, The University of Texas at El Paso (UTEP) and the University of Texas at Austin (UT) started the Cooperative Pharmacy Program. Students participating in this program completed the first and last two years at UTEP and the middle two years at UT Austin. UTEP's final cooperative class students will graduate in 2019.

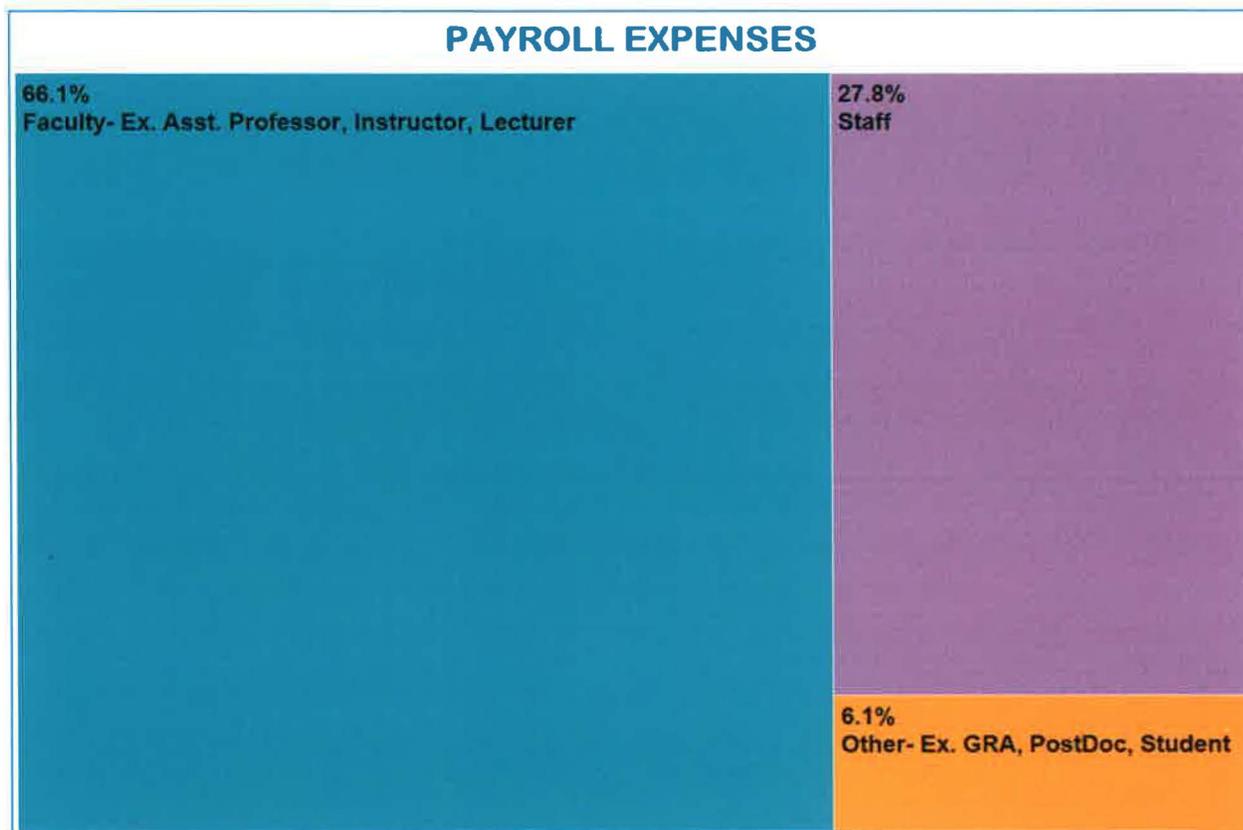
In 2015, The University of Texas System Board of Regents approved a stand-alone School of Pharmacy and degree. The School of Pharmacy Doctor of Pharmacy program was granted Pre-candidate status by the Accreditation Council for Pharmacy Education Board of Directors on July 11, 2017. Full accreditation will be earned after the school's first class graduates, which will occur in 2021.

The 84th Texas Legislature approved \$7 million to establish the school and the program. The funds were to be used for infrastructure upgrades, hiring of faculty and staff, as well as to run the program for the first two years. After that, formula funding and student tuition and fees are expected to pay for the program.

**The maintenance and operations (M&O), and travel expenditures for June 1, 2017-December 31, 2018 (seven months) grouped by expenditure type and amount.**



**Employee payroll expenses grouped by employee type, as a percentage of total payroll expenses for the seven months tested.**



## AUDIT OBJECTIVES

The objectives of the audit were to determine whether the School of Pharmacy was in compliance with federal, state and university requirements for:

- Administrative and financial operations,
- preceptor licensing,
- affiliated agreements for student internships and training, and
- IT Security Controls, in order to safeguard UTEP's information resources, assets, and confidential data.

## SCOPE AND METHODOLOGY

The audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing* and the authoritative guidelines of the *International Professional Practice Framework* issued by the Institute of Internal Auditors.

Audit procedures included:

- performing a risk analysis,
- reviewing departmental policies and procedures,
- analyzing expenditures for allowability and proper support documentation,
- examining account and ProCard reconciliations, and
- verifying the effectiveness of internal controls over IT security and safeguards.

The scope for this audit was the period of June 1, 2017 to December 31, 2017. The audit period started in June 2017 to coincide with the acceptance of the inaugural class into the program.

## RANKING CRITERIA

All findings in this report are ranked based on an assessment of applicable qualitative, operational control and quantitative risk factors, as well as the probability of a negative outcome occurring if the risk is not adequately mitigated. The criteria for the rankings are as follows:

**Priority** - an issue identified by an internal audit that, if not addressed timely, could directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.

**High** – A finding identified by internal audit that is considered to have a medium to high probability of adverse effects to the UT institution either as a whole or to a significant college/school/unit level.

**Medium** – A finding identified by internal audit that is considered to have a low to medium probability of adverse effects to the UT institution either as a whole or to a college/ school/unit level.

**Low** – A finding identified by internal audit that is considered to have minimal probability of adverse effects to the UT institution either as a whole or to a college/ school/unit level.

## AUDIT RESULTS

### A. School of Pharmacy Office of Experiential Education

Introductory Pharmacy Practice Experiences (IPPE) are designed to provide students with experience in a pharmacy setting. IPPE are a requirement of the Accreditation for Pharmacy Education (ACPE). The Office of Experiential Education is responsible for establishing and monitoring student compliance, developing relationships with the community to foster and develop rotation sites.

#### A.1 Non-standard agreements were not properly approved.

Affiliation Agreements are used to create a relationship with an outside site so students may obtain real world educational experiences. The University utilizes IRBNet to manage the submission, review and oversight of affiliation agreements.

Affiliation agreements on approved UT System forms do not require review by Legal Affairs. If the UT System form is modified or the affiliation agreement is processed on a non-standard form, it must be routed to Legal Affairs as part of the review process. The School of Pharmacy currently has 22 approved affiliation agreements.

A sample of three (14%) agreements were examined to determine whether they:

- adequately addressed liability issues
- had been signed by the appropriate parties,
- were currently active,
- and had undergone review by Legal Affairs if they were not a UT System approved form.

Two of the three agreements reviewed did not undergo the required review from Legal Affairs as part of the review process. Failure to obtain legal review could result in the University being subject to possible breach of contract and/or additional liability.

#### **Recommendation:**

*Affiliation Agreements should be processed on approved UT System forms whenever possible. Any changes to the forms should be reviewed by Legal Affairs to protect the interests of the University and guard against possible liability issues.*

**Level:** This finding is considered **HIGH** due to the fact failure to obtain proper legal review could result in liability issues for the University.

**Management Response:**

*We agree with the recommendation. Currently the School of Pharmacy follows the policy established by the Office of Research and Sponsored Projects on August 2013 (<https://www.utep.edu/orsp/policies/affiliation-agreements.html> ). All affiliation agreements have been submitted via IRB Net. We will reconcile our current affiliation agreement list and resubmit all affiliation agreements to the proper parties.*

**Responsible Party:**

*Jacquelyn Navarrete, Director of Office of Experiential Education*

**Implementation Date:**

*August 31, 2019*

**A.2 Immunizations and titer results not all available**

The School of Pharmacy Office of Experiential Education Student Compliance requirements ([Appendix A](#)) include but are not limited to:

- Criminal Background Check (CBC)
- Drug Screening
- Two – Step TB Skin Test (Tuberculin)
- Tdap vaccine (tetanus, diphtheria, and pertussis)
- Varicella immunity titer
- MMR (measles, mumps, rubella) immunity titer
- Hepatitis B vaccine series and immunity titer
- Annual Flu Vaccine

A roster of the 41 students in the entering class was obtained, and the documentation for criminal background checks and drug screenings for all students was reviewed.

No exceptions noted.

A judgmental sample of one of the 41 students was chosen and the titer results and immunization records for the student were reviewed. Testing indicated the results of the 2<sup>nd</sup> TB Skin test had not been provided by the student. There is not a process in place to follow up and ensure all records are complete. All other titer results and immunization records for the student were current.

Failure to maintain the proper vaccinations and test for preventable diseases could result in the serious illness and other health complications.

**Recommendation:**

*Requirements for admittance to the program should be strictly enforced.*

**Level:** This finding is considered **HIGH** due to the fact that failure to maintain the proper vaccinations and test for preventable diseases could result in the possible spread of serious illness and liability issues for the University.

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**Management Response:**

*We agree with the recommendation. The Office of Experiential Education has increased its staff support and is now closely monitoring and enforcing all admittance requirements to our Pharm D. students. Reports are run daily as well as monitoring of any alerts issued by the available software CoreElms.*

**Responsible Party:**

*Jacquelyn Navarrete, Director of Experiential Education at the School of Pharmacy.*

**Implementation Date:**

*September 1, 2018*

### **A.3 Preceptor licensing**

Clinical rotations give pharmacy students exposure to real-world work situations. Students work under the guidance of a preceptor, an experienced practitioner who supervises and helps students make the connections between theory and practice. There are 43 preceptors currently working with students from the School of Pharmacy.

Texas Administrative Code outlines the requirements.<sup>22</sup> Tex. Admin. Cod 283.6(a)(1) states *“Preceptors shall be a pharmacist whose license to practice pharmacy in Texas is current and not on inactive status with the board...”*

The license for each of the 43 preceptors was reviewed on the Texas State Board of Pharmacy website to ensure the license was active and the individual was an approved preceptor.

No exceptions noted.

## B. Cost Center Reconciliations

The University HOP Section VII: Financial Services, Chapter 5 states:

*"In accordance with UTS 142.1, all cost center/project administrators are required to review the cost center/project for which they have signature authority on a monthly basis. This Process assures the University administration and external parties that fiscal resources are monitored and maintained in accordance with University Policies and Procedures."*

### B.1 Cost center reconciliations are not in compliance with University policy

Using auditor judgment, five reconciliations for three different cost centers were chosen to determine if accounts were being reconciled on a monthly basis. The reconciliations were reviewed for the following:

- support documentation required per UTEP Business Process Guideline *Account Review* was available,
- the reconciler and account owner signatures, and
- date of review.

The results are summarized in the table below:

Reconciliation	Reconciliation Prepared in Accordance with University Policy?	Attributes Tested		
		Signed by Reconciler?	Signed by Account Owner?	All Support Documentation Available for Review?
1	x	✓	x	x
2	x	✓	x	x
3	x	✓	x	x
4	x	✓	x	x
5	x	✓	x	x

#### Recommendation:

*Cost Center reconciliations should be prepared in compliance with University policy, as they are the primary control for verifying expenses and detecting errors and/or fraud. Both the reviewer and approver must sign off on the reconciliation and documentation should be retained to serve as support for all charges made on department accounts.*

**Level:** This finding is considered **MEDIUM** risk, due to the possibility that errors and fraud may not be detected and corrected in a timely manner.

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**Management Response:**

*We agree with the recommendation. The administrative team responsible for reconciliations has attended the new trainings and will be implementing the new recommended processes to reconcile salary accounts.*

**Responsible Party:**

*Olaya Hernandez, Director*

**Implementation Date:**

*January 15, 2019*

**C. ProCard Transactions**

**C.1 Cardholders did not always follow policies and procedures**

Auditors judgmentally selected a sample of 11(\$4,846) of 39(\$11,804) transactions from two separate cardholders during the audit period. Criteria was guidelines for allowable purchases provided in the ProCard manual.

**Issues:**

- 2 (\$213.73) items purchased on the ProCard were not shipped to Central Receiving,
- 1 (\$460) food purchase did not have an entertainment expense form, and
- 1 (\$183.75) purchase from Amazon did not include an itemized receipt.

**Recommendation:**

*Cardholders should review the ProCard guidance provided in training prior to making purchases. Cardholders who do not follow procedures should be required to attend a refresher training so they are fully aware of the policies and procedures.*

**Level:** This finding is considered **Medium** because cardholders are not following policy which could result in unallowable purchases.

---

**Management Response:**

*We agree with the recommendation. The School of Pharmacy ProCards have been issued to the administrative services coordinators and they have attended the proper trainings and are familiar with all policies and procedures issued by the Office of Purchasing.*

**Responsible Party:**

*Olaya Hernandez, Director*

**Implementation Date:**

*January 15, 2019*

## **C.2 Unallowable contract**

The ProCard Manual specifically prohibits any purchase requiring a signed contract without prior approval from the Purchasing Office.

One of the eleven transactions tested was for a recurring monthly charge of \$199 to host videos on a website. The contract for the service had not been signed, nor was it approved by the Purchasing Department. Further review indicated this charge was made each month of the audit period and continued until February 2018, when the department terminated the contract.

The follow-up of ProCard transactions will include testing for possible contract payments.

## **D. School of Pharmacy Expenditures**

### **D.1 Travel authorizations (TA) and travel reimbursements are not processed in accordance with University guidelines**

A sample of four travel expense reports totaling \$6,814 was chosen to test compliance with University policies related to:

- Prior authorization,
- proper support documentation, and
- accuracy.

The HOP Section VII: Financial Services Travel Regulations Chapter 6.2.2 states, *“Prior supervisory approval for all business travel is required for absences from the campus (or other designated headquarters) for periods of half a day or more during the normal working period, whether or not there is a cost to the University. A Request for Travel Authorization must be completed prior to travel, and approval is delegated to the immediate supervisor.”*

#### **Issues:**

- One TA was created but not submitted in PeopleSoft. A second TA with modified travel dates had to be created before the employee's expense reimbursement (\$2,569) could be processed.
- One TA did not disclose travel to Washington D.C. Additionally, the corresponding expense report did not describe the purpose of the trip. The final documentation for the expense report was submitted four months after the date of travel. Based on the information provided in the expense report, we were unable to determine if the per diem reimbursement had been accurately calculated.

Failure to obtain the prior approvals and provide proper documentation could increase the risk of errors and inappropriate spending.

#### **Recommendation:**

*An approved PeopleSoft travel authorization should be on file prior to all travel. Additionally, support documentation should be provided to document the purpose of the travel. Proper approvals and support documentation will help ensure the accuracy and legitimacy of the transaction.*

**Level:** This finding is considered **MEDIUM** due to the possibility of errors and the increased risk of over, or inappropriate spending due to lack of encumbered funds and support for the reimbursement.

---

**Management Response:**

*We agree with the recommendation. The administrative team responsible for processing travel authorizations and expense reports has attended trainings and has been notified of the proper method to document trips and expense reports. The School of Pharmacy has systematized a minimum number of days (3 weeks) to request travel which will allow approvers enough time to review and approve electronic documents. We will also include the approved paper request form submitted by both our Faculty and Staff as an attachment.*

**Responsible Party:**

*Olaya Hernandez, Director*

**Implementation Date:**

*January 15, 2019*

## **D.2 Employee reimbursements were not processed in accordance with University guidelines**

Internal Audit reviewed 18 non-travel expenses (\$2,041) processed as employee reimbursements to determine whether expenses:

- Had an adequate and appropriate business purpose,
- Were properly approved, and
- Were supported by the appropriate documentation.

**Issues:**

- One of the 18 (\$1,225) did not have an adequate business purpose
- One of the 18 (\$30) did not have an itemized receipt.

Failure to properly review employee reimbursements increases the risk of unallowable expenses and possible fraud.

**Recommendation:**

*All employee reimbursements should be reviewed to ensure there is an itemized receipt and an appropriate business purpose.*

**Level:** This finding is considered **MEDIUM** due to possible unallowable expenses being charged to the University.

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**Management Response:**

*We agree with the recommendation. The administrative team responsible for processing expense reports has attended trainings and has been notified of the proper method to document trips and expense reports.*

**Responsible Party:**

*Olaya Hernandez, Director*

**Implementation Date:**

*January 15, 2019*

**D.3 Procurement of goods and services did not follow University policy**

During the audit period, the School of Pharmacy processed vouchers totaling \$478,748. A sample of eight vouchers (\$32,567) was chosen to review for compliance with University policy.

**Issues:**

One of the eight vouchers (\$902) was processed without an approved Authorization for Personal Services (APS) form. The form was approved after the contracted services were performed, was for a service period exceeding 30 days and did not include a copy of the individual's resume.

One of the eight (\$1,225) was a voucher for a departmental social event, and did not include an entertainment expense form as part of the support documentation.

One of the eight (\$20) was for freight charges not included in the purchase order. The payment had to be processed separately on a Non-PO voucher.

**Recommendation:**

*All expenditures should be monitored for compliance with University policy in order to ensure expenses are appropriate and in alignment with goals of the University.*

**Level:** This finding is considered **MEDIUM** due to the fact that expenditures not properly documented may be unallowable and may not align with the goals of the University.

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**Management Response:**

*We agree with the recommendation. The new administrative services coordinators were hired earlier this year and since then we have standardized the PO process to make sure shipping is included in all POs to comply with policy.*

*The interdepartmental charges are processed centrally and don't give the department the option to add documentation to the Non-PO voucher. Transactions are processed and approved by Accounts Payable. Going forward SOP will keep the entertainment expense form on file for any future reference.*

**Responsible Party:**

*Olaya Hernandez, Director*

**Implementation Date:**

*January 15, 2019*

## **E. Information Security Controls**

### **E.1. IT governance and IT asset management**

Due to the absence of an IT administrator, we observed the following issues:

- Incomplete inventory of all information resources and computing assets.
- Department has not identified and documented departmental internal and/or external mission critical resources and computing assets.

- Confidential or sensitive data has not been identified and classified for systems, software, share drives, and cloud storage.
- The Information Security Office has not vetted the hardware and software purchased for Research to verify security controls have been met.

(Criteria: see [Appendix B: Information Security Criteria](#)).

### **Recommendation:**

*Incorporate the following into department's "Standard Operating Procedures", review at least once a year and compare with a list of purchased IT items.*

- *Complete an inventory of all information resources and computing assets.*
- *Identify and document all internal and/or external departmental mission critical resources and computing assets.*
- *Identify and classify confidential or sensitive data found in systems, software, share drives and cloud storage.*
- *Verify that IT software and hardware has been vetted by the Information Security Office to meet University security controls.*
- *Document critical information technology back-up support plans.*

**Level:** This finding is considered **MEDIUM** because insufficient, incorrect or unsecured information resources could impact the University's mission.

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### **Management Response:**

*We agree with the recommendation. The School of Pharmacy has hired Mr. Adrian Enriquez, Manager of Education Technology and Analytics (META) effective September 4, 2018. He will be working with Internal Audit to guarantee the School of Pharmacy complies with all policies and procedures. Mr. Enriquez will partner with Information Technology team to identify areas of potential improvement.*

### **Responsible Party:**

*Adrian Enriquez, Manager of Education Technology and Analytics*

### **Implementation Date:**

*September 1, 2019*

## E.2. Lack of Standard Operating Policies and Procedures

The department has no written operating policies and procedures. Without established procedures, the risk of errors, unauthorized access and possible non-compliance with state regulations and university policy increases. (Criteria: see [Appendix B: Information Security Criteria](#)).

### Recommendation:

*Establish Standard Operating Procedures (SOPs) which are approved by management and reviewed annually. SOPs should include at a minimum:*

- *University standard naming conventions for computing devices*
- *process for adding or removing access in application systems, physical access or other access controls*
- *standard allowable hardware or software*
- *mobile devices policy*
- *backup and restore procedures*
- *disaster recovery*
- *roles, responsibilities and separation of duties*
- *equipment disposal*
- *asset management*
- *mission critical resources*
- *confidential data controls*
- *change control for any application systems*
- *information technology support structure*

**Level:** This finding is considered **MEDIUM** due the fact that not having established procedures and policies could produce possible errors, unauthorized access, as well as non-compliance with applicable regulations.

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### Management Response:

*We agree with the recommendation. The School of Pharmacy has hired Mr. Adrian Enriquez, Manager of Education Technology and Analytics (META) effective September 4, 2018 He will be working with Internal Audit to guarantee the School of Pharmacy complies with all policies and procedures. Mr. Enriquez will partner with Information Technology team to identify areas of potential improvement.*

### Responsible Party:

*Adrian Enriquez, Manager of Education Technology and Analytics*

**Implementation Date:**

*September 1, 2019*

**E.3. Lack of security safeguards for endpoints-personal computers**

Internal Audit tested security safeguards for endpoint PC(s) such as malware, encryption, windows updates, configuration manager, standard software, supported operating system, standard naming convention of computer, and limited administrator access. All tested computers had at least one safeguard fail, to include: 1) encryption 2) malware 3) windows updates or 4) the University's standard naming convention of computer. This could expose the PC, other PC(s), and/or even UTEP networks to possible malicious threats or attacks. (Criteria: see [Appendix B: Information Security Criteria](#))

**Recommendation:**

*We recommend the School of Pharmacy submit a ticket to Technical Support to have all computers reviewed for the University's required security safeguards for endpoint PC(s), such as virus software, encryption, windows updates, configuration manager, standard software, supported operating system and standard naming convention of computer and limited administrator access. Once that is complete, review safeguards with Technical Support for all new and re-imaged computers.*

**Level:** The finding is considered **HIGH** due the fact that computers could be exposed to possible malicious threats and attacks that could affect the UTEP PC(s) and/or the network.

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**Management Response:**

*We agree with the recommendation. The School of Pharmacy has hired Mr. Adrian Enriquez, Manager of Education Technology and Analytics (META) effective September 4, 2018 He will be working with Internal Audit to guarantee the School of Pharmacy complies with all policies and procedures. Mr. Enriquez will partner with Information Technology team to identify areas of potential improvement.*

**Responsible Party:**

*Adrian Enriquez, Manager of Education Technology and Analytics*

**Implementation Date:**

*September 1, 2019*

**E.4. Security safeguards-standards server**

The School of Pharmacy has two servers used for research which are located in an environmentally safe location in the Research & Academic Data Center (RADC). Enterprise Computing administers and maintains the servers (e.g. security set-up, backups, adding and removing accounts and patching). The School of Pharmacy team performs the software installation and has administrative rights to the servers.

In our server assessment, we found security controls and safeguards were in place. The safeguards tested included operating system releases, patching, administrative privileges, user access, password setting, monitoring root and logs and services (e.g. disabling services not in use or high security risk). Enterprise Computing performs back-ups of the servers on a daily basis.

No exceptions noted.

**E.5. Lack of security controls on access and permissions to network shares**

Internal Audit identified issues with network share drives. (Criteria: see [Appendix B: Information Security Criteria](#)). In the testing for access management of network share drives, the following observations were found:

- Accounts of some separated employees were still active - employees who have transferred or left the University have unrestricted or unauthorized access to University resources.
- "FULL control" was given to non-administrators; therefore, a user can delete subfolders and files, change permissions and take ownership at the discretion of the School of Pharmacy departmental policy. The risk is a user could accidentally delete a subfolder or a file or change permissions, thereby taking ownership of the folder or file.
- The "Everyone" group was found to have full access permission; therefore everyone in the UTEP network had the ability to read, write, delete and change permissions. During the course of the audit, the "Everyone" group was removed.

**Recommendation:**

- *We recommend the School of Pharmacy perform periodic monitoring of access to network share drives.*
- *Review "FULL control" permission on the share drives folders and document any access to non-administrators.*

**Level:** This finding is considered **MEDIUM** due to fact that a user could have unrestricted or unauthorized access to School of Pharmacy resources.

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**Management Response:**

*We agree with the recommendation. The School of Pharmacy has hired Mr. Adrian Enriquez, Manager of Education Technology and Analytics (META) effective September 4, 2018 He will be working with Internal Audit to guarantee the School of Pharmacy complies with all policies and procedures. Mr. Enriquez will partner with Information Technology team to identify areas of potential improvement.*

**Responsible Party:**

*Adrian Enriquez, Manager of Education Technology and Analytics*

**Implementation Date:**

*September 1, 2019*

**E.6. Application-Software Management**

The Internal Auditor found the hardware running on two Linux servers had the correct approvals and was purchased through Miner Mall. All software and hardware for Research must be vetted by the Information Security Office. This is addressed in item, "E.1. Lack Governance, Information Resource and IT Asset Management".

No exceptions noted.

## **CONCLUSION**

Based on the results of audit procedures performed, we believe the School of Pharmacy can strengthen existing University controls by implementing the recommendations detailed in this report.

We wish to thank the management and staff of the School of Pharmacy for their assistance and cooperation provided throughout the audit.

## APPENDIX A: OEE STUDENT COMPLIANCE

Reference: <https://www.utep.edu/pharmacy/prospective-students/UTEP-SOP-OEE-Student-Compliance-2018-LA.pdf>



### UTEP School of Pharmacy – Office of Experiential Education (OEE) Student Compliance

#### **CBC/Drug Test/Immunizations/Titers/other documents**

**\*\*ALL ITEMS BELOW MUST BE COMPLETED  
PRIOR TO FIRST CLASS DAY\*\***

1. **Criminal Background Check and 10-panel Drug Screening-** Students are required to complete a Criminal Background Check and Drug Screening prior to beginning pharmacy school. The Office of Experiential Education will provide a link (via email) to Castlebranch, an online system that provides these services. Student will pay \$70 directly to Castlebranch (10- panel urine drug screening (\$30) and the criminal background check [\$40]).
2. **Required immunizations and titers:**
  - **TB Skin Test** (Tuberculin) All TB skin tests should be completed prior to receiving Varicella and/or MMR vaccines. Failure to comply may result in a false negative TB skin test result.
    - For individuals who have never been tested or have received a negative result before:
      - Initial 2-Step TB Skin Test (TST) must be completed. Initial test will be administered, and individual must return to clinic in 48-72 hours later to receive results. Results will be recorded.
      - If first TST returns negative, individual must receive a second TST between 7-21 days after the initial test was administered. Second TST will be read 48-72 hours after administered. Results will be recorded.
    - If an individual received a positive result on initial TST, do not receive the second test. Individual will need a Chest X-Ray (CXR) and annual clearance/TB assessment form completed by a Health Care Provider. Office of Experiential Education may provide the form required to be completed. We have also attached this form to these documents. A CXR

- report must be attached to form and signed by a healthcare provider.
- Any individual who receives a positive TST, will be required to complete an annual clearance/TB assessment form instead of the annual TST.
- Any individual who initially completed the 2-step and received negative results will need to complete an annual TST for the remainder of the time enrolled in pharmacy school.
- **Tdap vaccine (tetanus, diphtheria, and pertussis)**
  - Individual must have documentation of receiving vaccine at age 11 or older and a Td or Tdap every 10 years after.
  - Required documentation to be provided must be for most recent Tdap/Td
- **Varicella immunity titer**
  - Student must receive IgG titer, not IgM. IgG will provide results showing immunity against the disease.
  - If results return positive, no additional testing or vaccine is required.
  - If results return negative, two doses of Varicella vaccine are required (at least, 28 days apart); once this series is completed, no additional tests or vaccines are required.
  - Lab report must be provided.
- **MMR (measles, mumps, rubella) immunity titer**
  - Student must receive IgG titer, not IgM. IgG will provide results showing immunity against the disease.
  - If results return positive, no additional testing or vaccine is required.
  - If results return negative, two doses of MMR vaccine are required (at least, 28 days apart); once this series is completed, no additional tests or vaccines are required.
  - Lab report must be provided.
- **Hepatitis B vaccine series and immunity titer**
  - Student must receive IgG titer, not IgM. IgG will provide results showing immunity against the disease.
  - If results return positive, no additional tests or vaccines are required.
  - If results return negative, individual must complete a series (3 vaccines total) and receive a HepB Titer 4-6 weeks after the third dose is administered.
  - Proof of completed series and lab report must be provided.
- **Annual Flu vaccine**
  - Must include LOT # of vaccine. A current vaccination must be received between October 1 through March 31, and annually thereafter.
  - A declination will be accepted and must be signed by a health care provider.
  - Due to the time frame provided, this is the one of the acceptable items that is allowed to be pending on first day of class.

**3. Additional Requirements:**

- **American Heart Association (AHA) CPR/BLS-** please take note that only Healthcare Provider Training will be accepted. Should you decide to take a hybrid course, only one with live skills demonstration will be accepted.
- **City Wide Orientation**
  - Student must go to <http://www.epcc.edu/cwo/Pages/default.aspx> to access the on-line presentation. At the end of the presentation, the student must complete the online exam. A certificate of completion will be provided.
- **State Issued ID**
- **Proof of Personal Health Insurance-** must be active on first class day
- **Submit application for Pharmacy Intern Trainee**
  - Please see attached document for instructions on how to complete this application
- **Pharmacy Tech/Pharmacy Tech Trainee Proof (if applicable)**
- **Release & Indemnification** – to be completed prior to every Summer, Fall and Spring semester; the Office of Experiential Education will provide this via email
- **Child Protection Training** – more information will be provided prior to or during first week of school.
- **Reliable Transportation** – Students will be expected to travel to off-campus sites for practice experiences and must be able to reliably arrive on-time.

**Important Note: Students are expected to upload items in the requirement section of CoreELMS and must be completed prior to the first start day (unless stated otherwise, above). Failure to comply will result in your inability to be admitted to pharmacy school. The Office of Experiential Education will provide all students with access to CoreELMS via email.**

## **APPENDIX B: INFORMATION SECURITY CRITERIA**

### **SECURITY AWARENESS AND CONTROLS: UT SYSTEM AND UTEP REGULATIONS AND INFORMATION SECURITY CONTROLS**

Texas Administrative Code 202 (TAC 202)  
UTS 165 Information Resource Use and Security Policy  
UTEP Information Security Office Policies and Standards

### **CRITERIA: GOVERNANCE, INFORMATION RESOURCE AND IT ASSET MANAGEMENT, AND STANDARD OPERATING PROCEDURES AND POLICES**

#### **TEXAS:**

##### **Texas Administration Code Title 1, Part 10, Chapter 202, Subchapter C, RULE §202.76 Security Control Standards Catalog**

##### **Texas Department of Information Resource Security Control Standards Catalog Version 1.3:**

*AC-1 Access Control Policy and Procedures; CM-10 Software Usage Restrictions;  
CM-11: User-Installed Software; CM-8: Information System Component Inventory;  
CP-2: Contingency Plan; IA-Identification and Authentication;  
MP-6: Media Sanitization; PL-2: System Security Plan;  
PM-11: Mission/Business Process Definition; PS- Personnel Security;  
PS-2: Position Risk Designation; PS-Personnel Security;  
RA-1: Risk Assessment Policy and Procedures; SA-5 Information System Documentation; SA-  
System and Service Acquisition*

##### **TAC202, subchapter C, RULE §202 72 Staff Responsibilities**

#### **UT System:**

UTS 145 Processing of Contracts; UTS165 Sec 2, 3 4; UTS165 Standard(s) 1, 3, 6, 9, 10, 11, 13, 14

#### **UTEP regulations and information security controls**

*UTEP ISO PP: Electronic Data Destruction Guidelines > These guidelines apply to Data Owners and Custodians, who must maintain an inventory and have documentation of all systems that house Confidential University Data, as well as Technology Implementation Managers (TIMs), Technology Support, Telecommunications Infrastructure, Enterprise Computing, Surplus, the ISO, and others as required*

*UTEP ISO PP: Cloud Services Guidelines (PDF)*

*UTEP ISO PP: Electronic Storage of Confidential Information*

*UTEP Standard 1: Information Resources Security Requirements and Accountability > 1.7 (r) approve security requirements for the purchase of Information Technology hardware, software, and systems development services*

*UTEP Standard 1: Information Resources Security Requirements and Accountability > 1.8 Department Heads and Lead Researchers Department Heads and Lead Researchers at UTEP shall classify and appropriately secure Data under their control including Data held in relation to subcontracts for projects in which the prime award is at another Institution or Agency*

*UTEP Standard 10: Risk Management, UTEP Standard 11: Safeguarding Data, UTEP Standard 13: Use and Protection of Social Security Numbers, UTEP Standard 14: Information Services (IS) Privacy, UTEP Standard 20: Software Licensing, UTEP Standard 3: Information Security Programs, UTEP Standard 6: Backup and Disaster Recovery, UTEP Standard 9: Data Classification Standard*

*UTEP Standard 9: Data Classification.*

*9.1 Definitions and Data Categories.*

*(a) CONFIDENTIAL – Data protected specifically by Federal or State or University of Texas rules and regulations (e.g., HIPAA; FERPA; U.S. Export Controlled information; Sarbanes-Oxley, Gramm-Leach-Bliley; the Texas Identity Theft Enforcement and Protection Act; University of Texas System Policies; specific donor and employee data). University data that are not otherwise protected by a known civil statute or regulation, but which must be protected due to contractual agreements requiring confidentiality, integrity, or availability considerations (e.g., Non-Disclosure Agreements, Memoranda of Understanding, Service Level Agreements, Granting or Funding Agency Agreements, etc.). Previously referred to as Category I.*

**CRITERIA: SECURITY SAFEGUARDS STANDARDS ENDPOINTS LAPTOP, DESKTOP OR MOBILE DEVICE**

**TEXAS:**

**Texas Administrative Code 202.75(7) (P):** *“Right to Monitor. Entities have the authority and responsibility to monitor Information Resources”*

**Texas Administration Code Title 1, Part 10, Chapter 202, Subchapter C,**

**RULE §202.76 Security Control Standards Catalog**

*AC-11 Session Lock; AC-19 Access Control for Mobile Devices; CA-02 Security Assessments; CA-07 Continuous Monitoring; CM-10 Software Usage Restrictions*

**UT System 165:**

*UTS165 Standard 11 Safeguarding Data; UTS165 Standard 8 Malware Prevention; UTS165 Standard 19: Server and Device Configuration and Management*

**UTEP:**

*UTEP ISO PP Minimum Security Standards for Systems;  
UTEP Standard 11 Safeguarding Data;  
UTEP Standard 5 Administrative/Special Access Accounts;  
UTEP Standard 8 Malware Prevention;  
UTEP Standard 19: Server and Device Configuration and Management.*

**CRITERIA: SECURITY CONTROLS ON ACCESS AND PERMISSIONS TO NETWORK SHARES**

**TEXAS:**

**Texas Administrative Code 202.75(7) (P):** *“Right to Monitor. Entities have the authority and responsibility to monitor Information Resources”*

**Texas Administration Code Title 1, Part 10, Chapter 202, Subchapter C,**

**RULE §202.76 Security Control Standards Catalog**

*AC–Access Control; AR–Accountability; CA–Security Assessment and Authorization; PS–Personnel Security; IA–Identification and Authentication*

**UT System165:**

*UTS165 Standard 9 Data Classification; UTS165 Standard 4 Access Management;*

**UTEP:**

*UTEP Standard 9 Data Classification;*

*UTEP Standard 11 Safeguarding Data;*

*UTEP Information Security Policies;*

*UTEP Standard 4 Account Management:*

*"... Data Owners, System Owners, System Administrators and/or other authorized personnel:*

- are responsible for removing the accounts of individuals that change roles within the University or are separated from their relationship with UTEP*
- must have a documented process to modify a user account to accommodate situations such as name changes, accounting changes and permission changes*
- must have a documented process for periodically reviewing existing accounts for validity*
- are subject to independent audit review*
- must provide a list of accounts for the systems they administer when requested by the Information Security Office..." ;*

*UTEP Standard 9: Data Classification.*

*9.1 Definitions and Data Categories.*

*(a) CONFIDENTIAL – Data protected specifically by Federal or State or University of Texas rules and regulations (e.g., HIPAA; FERPA; U.S. Export Controlled information; Sarbanes-Oxley, Gramm-Leach-Bliley; the Texas Identity Theft Enforcement and Protection Act; University of Texas System Policies; specific donor and employee data). University data that are not otherwise protected by a known civil statute or regulation, but which must be protected due to contractual agreements requiring confidentiality, integrity, or availability considerations (e.g., Non-Disclosure Agreements, Memoranda of Understanding, Service Level Agreements, Granting or Funding Agency Agreements, etc.). Previously referred to as Category I.*