

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. **Must be completed and signed before the start of student experimentation.**

Student's Name(s) _____

Title of Project _____

To be completed by the Qualified Scientist:

Scientist Name: _____

Educational Background: _____ Degree(s): _____

Experience/Training as relates to the student's area of research: _____

Position: _____

Institution: _____

Address: _____

Email/Phone: _____

1. Have you reviewed the ISEF rules relevant to this project? ☐ Yes ☐ No
2. Will any of the following be used?
 - a. Human participants ☐ Yes ☐ No
 - b. Vertebrate animals ☐ Yes ☐ No
 - c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) ☐ Yes ☐ No
 - d. Hazardous substances and devices ☐ Yes ☐ No
3. Will this study be a sub-set of a larger study? ☐ Yes ☐ No
4. Will you directly supervise the student? ☐ Yes ☐ No
 - a. If no, who will directly supervise and serve as the Designated Supervisor? _____
 - b. Experience/Training of the Designated Supervisor: _____

Often missed - only needs to be completed if there is a DS. Above covers experience of QS.

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Qualified Scientist's Printed Name

Signature

Prior to experimentation
Date of Approval (mm/dd/yy)

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Phone

Email

Prior to experimentation
Date of Approval (mm/dd/yy)