Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous chemicals, activities 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: Email/Phone:

1. Have you reviewed the ISEF rules relevant to this project and the science fair ethics statement 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: _____

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. 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   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 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   Date of Approval (mm/dd/yy)

_____ _____
Phone   Email