

Qualified Scientist Form (2)

May be required for research involving human subjects, vertebrate animals, potentially hazardous biological agents, and DEA-controlled Substances. Must be completed and signed prior to the start of student experimentation.

Student's Name _____

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) Were you made aware of the ISEF rules before student experimentation? yes no

2) Will any of the following be used?

a) Human subjects yes no

b) Vertebrate animals yes no

c) Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) yes no
.....

d) DEA-classed substances. yes no

3) 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:

4) Describe the safety precautions and training necessary for this project:

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the **Research Plan** 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

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

Phone

Email