Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and DEA-controlled substances. 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 Intel 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) DEA-controlled substances ☐ Yes ☐ No

3) Was this study 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 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