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) Madeline Competello				
Title of Project The Use of 51 TITAN Model Gool 800 Gro Exploration Check X-lay (run in Analyzing				
Pb, Cr, Zn, AS, Lu, and concentrations in To be completed by the Qualified Scientist	Long Island t:	1 Elementary Echool	Sand Pu	iblic Buksis Soil
Scientist Name: David Nadler				
Educational Background: Environmental Technol Experience/Training as relates to the student's a The Qualified Scientist is the current director of His research includes the bioremediation and p contaminants.	area of researd the BioEnviro	h: nmental Laboratory a	t New Yor	k Institute of Technology.
Position: Chair	Institution:	New York Institut	e of Tec	hnology
Address: Old Westbury, NY Email/Phone: dnadler@nyit.edu				
Have you reviewed the Intel ISEF rules relevant	•		■ Yes	□No
 2. Will any of the following be used? a. Human participants b. Vertebrate animals c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) d. Hazardous substances and devices 3. Will this study be a sub-set of a larger study? 4. Will you directly supervise the student? a. If no, who will directly supervise and serve as the Designated Supervisor? 			☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	■ No ■ No ■ No □ No □ No □ No □ No
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. David Nadler Qualified Scientist's Printed Name Occupancy 16/27/19		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 Date of Approval (mm/dd/yy)		
Signature Date of Approval (mm/dd/yy)	Phone	Email	