

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) Edgar Ma

Title of Project Improving CO₂ hydrogenation: Guanidine treatment over Fe-Co bimetallic catalysts

To be completed by the Qualified Scientist:

Scientist Name: Dr. Cheng Zhang

Educational Background: Received Ph.D from Hunter College CUNY in 2005

Degree(s): Ph.D Chemistry

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

Worked in industry for 10 years in catalysis and material science after Ph.D. Joined Long Island University Post in 2015. Project focus on carbon dioxide conversion to value-added chemicals. Numerous publication in field.

Position: Assistant Professor of Chemistry

Institution: Long Island University Post

Address: 720 Northern Blvd, Brookville, NY 11548

Email/Phone: Cheng.zhang@liu.edu

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. 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? Alexandra Leichnam

b. Experience/Training of the Designated Supervisor:

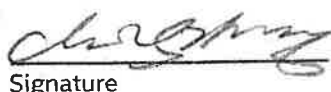
Has worked in the LIU catalysis laboratory for over a year, is familiar with all safety regulations and procedures used in the laboratory.

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.

Cheng Zhang

Qualified Scientist's Printed Name



Signature

6/28/19

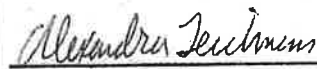
Date of Approval (mm/dd/yy)

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.

Alexandra Leichnam

Designated Supervisor's Printed Name



Signature

6/28/19

Date of Approval (mm/dd/yy)

718 813 4760

Phone

leichnam.a@gmail.com

Email