

## 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) Tara Rothenberg

Title of Project \_\_\_\_\_

### To be completed by the Qualified Scientist:

Scientist Name: Paul Robinson

Educational Background: Astronomy/Physics Degree(s): B.S. Physics and B.S. Math

Experience/Training as relates to the student's area of research: M.S. Astrophysics  
M.S. Science Education  
Astrophysics research in galactic  
astronomy and supernova remnants.  
Extensive use of galaxy zoo!

Position: Professor Institution: Westchester Comm. Coll.

Address: 75 Grasslands Road  
Valhalla, NY 10595 Email/Phone: paul.robinson@sunywcc.edu  
914-478-3739

- 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   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Hazardous substances and devices   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Paul Robinson  
Qualified Scientist's Printed Name

[Signature] 7/5/19  
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/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)

Phone Email