

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) _____

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 ISEF rules relevant to this project? ☐ Yes ☐ No

2. Will any of the following be used?

- | | | |
|---|------------------------------|-----------------------------|
| a. Human participants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Vertebrate animals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hazardous substances and devices | <input type="checkbox"/> Yes | <input 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.

Qualified Scientist's Printed Name

Arjun Byju

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