

## 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) **Natalie Cardoso**

Title of Project **Mechanisms underlying influences of attention and value on preference-based choice**

### To be completed by the Qualified Scientist:

Scientist Name: **Amitai Shenhav**

Educational Background: **UC Berkeley (Cognitive Science), Harvard (Psychology)**

Degree(s): **B.A., Ph.D.**

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

research: **Expertise in neuroimaging and computational modeling of decision-making and cognitive control**

**Assistant Professor**

Position:

**190 Thayer St, Providence, RI 02912**

Address:

**Brown University**

Institution:

**401-863-5198**

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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| b. Vertebrate animals   | <input checked="" 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 checked="" 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?

**Romy Froemer, PhD**

b. Experience/Training of the Designated Supervisor:

**PhD in cognitive neuroscience**

### 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.

**Amitai Shenhav**

Qualified Scientist's Printed Name

**Amitai Shenhav**

Signature

**06/03/19**

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.

**Romy Frömer**

Designated Supervisor's Printed Name

**Romy Frömer**

Signature

**06/27/2019**

Date of Approval (mm/dd/yy)

**401/4286614**

Phone

**romy\_froemer@brown.edu**

Email