

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) Megan Gole

Title of Project Analyzing the Foundation of Rhetorical Gender Inequality through Competitive High School Debating During Adolescence and the Connection to the Workplace

To be completed by the Qualified Scientist:

Scientist Name: Lolita Gole

Educational Background: University of Tirana, University of Malta, Manhattan City College, Chamberlain University Degree(s): MD, MSN

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

research: Research on using simulation to improve Nurse Confidence in Emergency Intervention; The User

Professor of Nursing at Hunter Business School, Professor of Clinical Care at Malloy College, Trauma Analyst at Northwell Hospital

Position: Hunter Business School - LPN Program Institution:

3601 Hempstead Turnpike, Levittown, NY, 11756 631-897-2725 / gole05@yahoo.com

Address:

Email/Phone:

Neurology Assessment Criteria in Reduction of Trauma Alert Case

1. Have you reviewed the 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?

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.

Lolita Gole
Qualified Scientist's Printed Name

L. Gole
Signature

4/1/19
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.

Designated Supervisor's Printed Name

Signature

Date of Approval (mm/dd/yy)

Phone

Email