

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) Kathryn Postiglione

Title of Project Improving the Detector Fitting Algorithm for the ToI TEC Camera and Characterizing its Thermal Behavior

To be completed by the Qualified Scientist:

Scientist Name: Dr. Grant W. Wilson

Educational Background: Tufts Univ., Brown Univ., NASA/GSFC, Univ. of Chicago Degree(s): B.S. - Engineering Physics, M.S. Physics, Ph.D. - Physics

Experience/Training as relates to the student's area of research: Astronomy Professor with research focusing on making novel observations of the mm-sky to advance our understanding of the obscured universe.

Professor of Astronomy & Graduate Program Director Department of Astronomy, University of Massachusetts

Position: Institution:

710 N. Pleasant Street, Amherst, MA 01003 wilson@astro.umass.edu / 413-545-0460

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 ☐ 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.

Grant W. Wilson

Qualified Scientist's Printed Name

Grant W. Wilson Digitally signed by Grant W. Wilson Date: 2019.07.01 10:54:53 -05'00'

Signature 07/01/19 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