

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) Ritvik Yaparpalvi

Title of Project Evaluating TIMP as a form Upper Limb Function Rehabilitation

To be completed by the Qualified Scientist:

Scientist Name: Concetta Tomaino

Educational Background: New York University, Stony Brook University Degree(s): D.A., MT-BC, LCAT

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

Has undergone advanced training in both music and music therapy. Has worked for over 30 years with stroke and upper limb disabled patients. Has created an institution for music therapy and neurological disease rehabilitation.

Position: Executive Director and Head Music Therapist Institution: Wartburg Nursing Care/ Institute for Music and Neurological Function

Address: 1 Station Pl, Mt Vernon, NY 10552 Email/Phone: CTomaino@wartburg.com

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 checked="" type="checkbox"/> Yes | <input 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.

Concetta Tomaino

Qualified Scientist's Printed Name

Concetta Tomaino
Digitally signed by Concetta Tomaino
Date: 2019.09.04 15:52:58 -0400

Signature

09/04/19

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