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: Email/Phone:

1. Have you reviewed the ISEF rules relevant to this project and the science fair ethics statement relevant to this project? ☐ Yes ☐ No
2. Will any of the following be used?
   a. Human participants ☐ Yes ☐ No
   b. 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
5. Did you provide any data; if yes, please provide source or describe ☐ Yes ☐ No

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 Direct 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.

_____
Qualified Scientist's Printed Name

_____ _____
Signature Date of Approval (mm/dd/yy)

To be completed by the Direct 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.

_____
Direct Supervisor's Printed Name

_____
Experience/Training of Designated Supervisor

_____ _____
Signature Date of Approval (mm/dd/yy)

_____ _____
Phone email