

# Qualified Scientist Form (2)

May be required for research involving human subjects, vertebrate animals, potentially hazardous biological agents, and DEA-controlled Substances. 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: \_\_\_\_\_

Address: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

- 1) Have you reviewed the MSSEF Ethics Statement and MSSEF/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/or tissues, including blood and blood products).....  Yes  No
  - d) DEA-controlled substances .....  Yes  No
- 3) Was this study 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 Designated Supervisor:

#### To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the **Research Plan** 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**. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my **DIRECT** supervision.

\_\_\_\_\_  
Qualified Scientist's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval

#### To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the **Research Plan** 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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email