

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous devices or controlled DEA-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 or hazardous devices..... 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 the 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