

## Qualified Scientist Form (2)

May be required for research involving human participants, 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 Intel 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. 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? \_\_\_\_\_

#### 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