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?
   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 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 __________________________

Phone __________________________ Email __________________________

Student’s Name(s) ________________________________________________

Title of Project ________________________________________________

To be completed by the Qualified Scientist:

I certify that I have reviewed 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.

Qualified Scientist’s Printed Name __________________________

Signature __________________________ Date of Approval __________________________