

## 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. Vertebrate 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

### 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