

## 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 \_\_\_\_\_

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 ISEF rules relevant to this project?  yes  no
- 2) Will any of the following be used?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Human subjects . . . . .   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b) Vertebrate animals . . . . .   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c) Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) . . . . . | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d) DEA-classed substances. . . . .  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
- 3) 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: \_\_\_\_\_

4) Describe the safety precautions and training necessary for this project:

#### 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