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: ______________________________

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. 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?
   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 (mm/dd/yy) ________________

Phone ____________________________ Email ____________________________

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 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 (mm/dd/yy) ____________________________