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? Yes ☐ No ☐
   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) ___________________________