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:										
Experienc	e/ Irailling as relat	es to the students are	ea of research	11.						
Position: Institution										
Address.			Email/Pho	ine:						
Address: Email/Pho 1) Have you reviewed the Intel ISEF rules relevant to this pro				☐ Yes	□No					
2. Will ar	ny of the following	be used?								
a. Human participants					☐ Yes	□ No				
b. Vertebrate animals				DNIA Lui	☐ Yes	□ No				
c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) ☐ Yes						□ No				
	A-controlled subs				☐ Yes	□ No				
3. Was this study 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?										
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.				To be completed I	by the Des	ignated 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.						
								or's Drinton	d Nama	
							Designated Supervis	or s Printed	a Name	
				Qualified Scientist's Printed Name				Signature		Date of Approval
Signatu	re	Date of Approval		Phone	Email					