

Qualified Scientist Form (2B)

This form is required for projects requiring a Qualified Scientist or Direct Supervisor.
This form must be completed by the Qualified Scientist BEFORE 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. Please indicate what the student project will involve:

- | | | |
|---|------------------------------|-----------------------------|
| a. Human participants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. 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. Hazardous substances and devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Will this study be a sub-set of a larger study? Yes No

4. Will you directly supervise the student? Yes No

5. Please describe your anticipated role in this project and the duration of your support.

6. Will you provide any data; if yes, please provide source or describe Yes No

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Addendum 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 Addendum.

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 Addendum 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 Direct Supervisor

Signature

Date of Approval (mm/dd/yy)

Phone

email