

Middle School - Qualified Scientist/Mentor Form (2)

This form MAY BE required for projects involving human subjects, vertebrate animals and/or potentially biological agents and MUST be completed PRIOR to experimentation.

This form is to be completed by the Qualified Scientist or Mentor who is advising and/or supervising the Student Researcher(s) on the project and has expertise in the area of research. The Student Researcher/Team Leader should NOT complete any part of this form!

Student's Name(s): _____

Project Title: _____

1. Qualified Scientist/Mentor's Name: _____

2. Educational Background _____ Degree(s): _____

3. My *experience/training* as it relates to the Student Researcher's project includes:

4. Institution: _____ Position: _____

5. Email: _____ Phone Number: _____

6. I ☐ *have* / ☐ *have not* reviewed the Rules and Guidelines for Middle School Science Research relevant to the Student Researcher's project. If not, please attach an explanation as to why.

7. The following will be used as part of this research project (check ALL that apply)

☐ Human Participants

☐ DEA-controlled Substances

☐ Vertebrate Animals

☐ Tissues (including blood and blood products)

☐ Microorganisms

☐ Hazardous Substances/Devices

☐ None of the Above

8. This project ☐ *is* / ☐ *is not* a subset of a larger study.

9. I ☐ *did* / ☐ *did not* provide any data to the student(s); if yes, please provide source or describe.

10. I ☐ *will* / ☐ *will not* directly supervise the Student Researcher during experimentation.

Qualified Scientist/Mentor:

I certify that I have reviewed and approved the Research Proposal PRIOR to the start of experimentation. I will ensure that the Student Researcher(s) and/or Direct Supervisor(s) are trained in the necessary procedures related to the project. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the Student Researcher(s) as outlined in the Research Proposal.

Scientist/Mentor's Printed Name

Scientist/Mentor's Signature

Date of Approval (mm/dd/yy)

Direct Supervisor:

To be used ONLY when the Qualified Scientist/Mentor is unavailable to directly supervise the student(s).

I certify that I have reviewed the Research Proposal and have been trained in the techniques to be used by the Student Researcher(s) and I will provide DIRECT supervision during experimentation.

Direct Supervisor's Printed Name

Direct Supervisor's Experience/Training

Direct Supervisor's Signature

Date of Approval (mm/dd/yy)

Email