Middle School - Qualified Scientist/Mentor Form (2B)

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

☐ Human Participants
☐ Vertebrate Animals
☐ Microorganisms
☐ DEA-controlled Substances
☐ Tissues (including blood and blood products)
☐ Hazardous Substances/Devices

☐ None of the Above

8. This project ☐ ***is /*** ☐ ***is not*** a subset of a larger study.
9. Please describe your anticipated role in this project and the duration of your support.

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

11. 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