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!

1. Student's Name(s):	
2. Project Title:	
3. Qualified Scientist/Mentor's Name:	
4. Educational Background	Degree(s):
5. My <i>experience/training</i> as it relates to the Student Rese	
6. Institution:	Position:
7. Email:	
	elines for Middle School Science Research relevant to the
9. The following will be used as part of this research proje	ect (check ALL that apply)
☐ Human Subjects	☐ DEA-controlled Substances
☐ Vertebrate Animals	☐ Tissues (including blood and blood products)
☐ Microorganisms	□ rDNA
□ None	of the Above
This project is / is not a subset of a larger study.	
10. I will / will not directly supervise the Student Rese	earcher during experimentation.
a. If not, who will DIRECTLY supervise the Student Researcher?	
b. The <i>experience/training</i> of the Designated Supervisor as it relates to the project includes:	
Qualified Scientist/Mentor: I certify that I have reviewed and approved the Research Plan PRIOR to the start of experimentation. I will ensure that the Student Researcher(s) and/or Designated 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 Plan. I understand that a Designated Supervisor is required when I am not available to directly supervise the Student Researcher(s). Scientist/Mentor's Printed Name	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 Plan and have been trained in the techniques to be used by the Student Researcher(s) and I will provide DIRECT supervision during experimentation. Designated Supervisor's Printed Name Designated Supervisor's Signature Date of Approval
Scientist/Mentor's Signature Date of Approval	Email