Qualified Scientist Form (3)

May be required for research involving human subjects, vertebrate animals, potentially hazardous biological agents and DEA controlled substances. Must be completed and signed before the start of student experimentation.
(NEOSEF Qualified Scientist Form 2 will suffice)

Student Name:_____ School:_____

Title of Project:_____

To be completed by the Qualified Scientist:
Scientist Name:_____

Educational Background:_____ Degree:_____

Experience/Training as relates to the student's area of research:

_____

Position:_____ Institution:_____

Address:_____ Email/phone: _____

1) Have you reviewed the BEST Medicine rules relevant to this project? ◯ Yes ◯ No
2) Will any of the following be used?
   a) Human subjects ◯ Yes ◯ No
   b) Vertebrate animals ◯ Yes ◯ No
   c) Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood & Blood products) ◯ Yes ◯ No
   d) DEA classed substances ◯ Yes ◯ No
3) Will you directly supervise the student? ◯ Yes ◯ No
   a) If no, who will directly supervise and serve as the Designated Supervisor?_____
   b) Experience/Training of the Designated Supervisor:

   _____
4) Describe the safety precautions and training necessary for this project:

To be completed by the Qualified Scientist:	**To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.**
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 technique 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.	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.
_____ Qualified Scientist's Printed Name	_____ Designated Supervisor's Printed Name
_____ _____ Signature Date of Approval	_____ _____ Signature Date of Approval
	_____ _____ Phone Email