

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. Must be completed and signed before the start of student experimentation.

Student's Name(s) _____

Title of Project Do Different Locations and Conditions Affect Bacterial Growth on Toothbrushes?

To be completed by the Qualified Scientist:

Scientist Name: Joyce Stark

Educational Background: Biology/Chemistry Degree(s): BS Zoology - M.S. Biology

Experience/Training as relates to the student's area of research:
M.S. Research involved Microbiology

Position/Institution: Science Teacher SUNNYSIDE HS Email/Phone: Joyce.Stark@SunnysideSchools.org 509 837-2601

Have you reviewed the ISEF rules relevant to this project and the science fair ethics statement relevant to this project? Yes No

Will any of the following be used?
a. Human participants Yes No
b. Vertebrate animals Yes No
c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) Yes No
d. Hazardous substances and devices Yes No

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

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: _____

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary 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 working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is conducting experimentation under my direct supervision.

Joyce Stark
Qualified Scientist's Printed Name

Joyce E Stark 02/09/24
Signature Date of Approval (mm/dd/yy)

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Designated Supervisor's Printed Name _____

Signature _____ Date of Approval (mm/dd/yy) _____

Phone _____ Email _____