



2017 Mississippi Science & Engineering Fairs



This form **MUST** be completed and returned by February 10, 2017 to
David J. Sliman

The University of Southern Mississippi
118 College Drive, Box 5181
Hattiesburg, MS 39406

This form serves as an indication of your school's intent to participate in the 2017 MSEF Program.

School Information

School Name: _____ Grades Served: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

School Telephone: _____

Key Teacher Name: _____ Best time to contact at school: _____

Key Teacher Email: _____

Key Teacher Cellphone: _____

___ **Yes.** Our students **will** be conducting experiments involving humans and/or animals. **(Complete Section I and II)**

___ **No.** Our students **will not** be conducting experiments involving humans and/or animals. **(Complete Section I only)**

Section I: School Scientific Review Board (SRC)

A Scientific Review Committee (SRC) is a group of adults knowledgeable about regulations concerning experimentation especially with vertebrate animals and potentially hazardous biological agents. The SRC must review and approve all projects in these areas *before experimentation* may begin. Shortly before competition, the Fair SRC will also review the documentation for ALL projects to ensure that students have followed all applicable rules and that the project is eligible to compete.

An SRC consists of a minimum of three members. The SRC must include at least: (a) biomedical scientist (e.g., Ph.D., M.D., D.V.M., D.D.S., D.O.); (b) science educator; (c) at least one other member. Members of the SRC may also serve on the IRB for a school. The SRC Chairperson must be a biomedical scientist who is not a classroom teacher. Refer to operations guidelines at <http://www.societyforscience.org/Document.Doc?id=38> for further information.

SRC Chairperson: _____ [] PhD (biomedical) [] MD [] DVM [] DDS [] DO
Employed by: _____ **Employment Title:** _____
Complete Mailing Address: _____
Degree(s) and/or Qualifications: _____

Other SRC Committee Members. Use Additional Sheets if Necessary

Name: _____ [] Science Educator [] Other Member

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Biomedical Degree(s): _____

Name: _____ [] Science Educator [] Other Member

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and /or Qualifications: _____

Name: _____ [] Science Educator [] Other Member

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Name: _____ [] Science Educator [] Other Member

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Section II: Institutional Review Board (IRB)

An Institutional Review Board (IRB) is a committee that, according to federal regulations (45-CFR-46), must evaluate the potential physical and/or psychological risk of research involving human subjects. All proposed human research must be reviewed and approved by an IRB before experimentation begins. This includes review of any surveys or questionnaires

Federal regulations require local community involvement; therefore an IRB should be established at the school level to evaluate human research projects.

An IRB at the school or ISEF Affiliated Fair level must consist of a minimum of three members. In order to eliminate conflict of interest, the Adult Sponsor, parents, the Qualified Scientist, and the Designated Supervisor who oversee a specific project **must not serve** on the IRB reviewing that project. Additional members are recommended to help avoid this conflict of interest and to increase the expertise of the committee.

This IRB must include: (a) a science teacher; (b) a school administrator (preferably, a principal or vice principal); (c) one of the following who is knowledgeable and capable of evaluating the physical and/or psychological risk involved in a given study: a medical doctor, physician's assistant, registered nurse, a psychiatrist, psychologist, licensed clinical counselor (professional, mental health) or licensed social worker.

Refer to operations guidelines at <http://www.societyforscience.org/Document.Doc?id=38> for further information.

IRB Chairperson: _____ [M.D. [P.A. [R.N. [L.C.C. [L.S.W.

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Name: _____ [Science Teacher [Administrator [Other

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Name: _____ [Science Teacher [Administrator [Other

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Name: _____ [Science Teacher [Administrator [Other

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Name: _____ [Science Teacher [Administrator [Other

Employed by: _____ **Employment Title:** _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

MSEF Region Approval Date: _____ **By:** _____