Designated Supervisor Form (3)

Required for projects using hazardous materials or devices, tissue studies or if a required Qualified Scientist is unable to supervise the experimentation.

Student's Name _____

Title of Project _____

To be completed by the Designated Supervisor (please print or type):

Name _____

Position _____

Institution _____

Address _____

_____

Phone: _____ Email: _____

List or describe your responsibilities in directly supervising the student. Include all hazardous substances and devices used in this research, safety precautions to be taken and the proper disposal procedures:

I certify that:

1) I have been trained in the techniques to be used by this student prior to the start of experimentation and that
2) I will provide direct supervision.

Designated Supervisor's Printed Name	Signature	Date of Signature (must be prior to experimentation.)