2018 Mississippi Science & Engineering Fairs

The School Registration form MUST be completed and submitted by **November 1, 2017**, to the Region V Fair Director Fax to (662) 325-8573 or scan and email to msefregionv@gmail.com

This form serves as an indication of your school's intent to participate in the 2018 MSEF Program.

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**School Information**

School Name:________________________________________________________ Grades Served: _____

School Mailing Address:________________________________________ City: __________ Zip: ______

School Physical Address:________________________________________ City: __________ Zip: ______

School Telephone: _________________________ School FAX: _________________

2017/2018 Key Teacher: _________________________ Best time to contact at school: ______

Key Teacher School Email: ____________________________________________

Key Teacher Alternate Email: ___________________________________________

Principal Name:____________________________________________________

How many students will participate at your school? _______

How many students do you plan on sending to the regional fair? _______

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*Please Check Yes or No Below*

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

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

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**ALL STUDENT ENTRY PAPER WORK IS DUE BY:**

**UPPER FAIR (GRADES 6-12): January 20, 2018**

**LOWER FAIR (GRADES K-5): February 28, 2018**

*Early Entry is highly encouraged. Late student entry $5 per student.*
PLEASE READ THE DESCRIPTIONS OF WHO MAY SERVE

Part 1: 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 https://sspcdn.blob.core.windows.net/files/Documents/SEP/ISEF/2016/Fair-Network/Operational-Guidelines.pdf 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: __________________________________________________________________
Part 2: 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.


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: __________________________

For MSEF Region V Use Only

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