2017 Mississippi Science & Engineering Fairs

These forms MUST be completed and returned by **November 1, 2016**, to the Region V Fair Director
Fax to (662) 325-8573

*This form serves as an indication of your school's intent to participate in the 2017 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: ______________________

2015/2016 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? _________

*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, 2017**

**LOWER FAIR (GRADES K-5): February 27, 2017**

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

**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 [http://www.societyforscience.org/Document.Doc?id=38](http://www.societyforscience.org/Document.Doc?id=38) for further information.

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**SRC Chairperson:** ____________________________ [ ] PhD (biomedical) [ ] MD [ ] DVM [ ] DDS [ ] DO

Employed by: ____________________________________________

Employment Title: ________________________________________

Complete Mailing Address: ____________________________________________________________________________________

Degree(s) and/or Qualifications: _______________________________________________________________________________

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**Other SRC Committee Members. Use Additional Sheets if Necessary**

**Name:** ____________________________ [ ] Science Educator [ ] Other Member

Employed by: ____________________________________________

Employment Title: ________________________________________

Complete Mailing Address: ____________________________________________________________________________________

Biomedical Degree(s): ________________________________________________________________________________________

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**Name:** ____________________________ [ ] Science Educator [ ] Other Member

Employed by: ____________________________________________

Employment Title: ________________________________________

Complete Mailing Address: ____________________________________________________________________________________

Degree(s) and/or Qualifications: _______________________________________________________________________________

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**Name:** ____________________________ [ ] Science Educator [ ] Other Member

Employed by: ____________________________________________

Employment Title: ________________________________________

Complete Mailing Address: ____________________________________________________________________________________

Degree(s) and/or Qualifications: _______________________________________________________________________________

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**Name:** ____________________________ [ ] Science Educator [ ] Other Member

Employed by: ____________________________________________

Employment Title: ________________________________________

Complete Mailing Address: ____________________________________________________________________________________

Degree(s) and/or Qualifications: _______________________________________________________________________________
PLEASE READ THE DESCRIPTIONS OF WHO MAY SERVE ON THESE COMMITTEES

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