School Code: ______________________________

2015|16 MSEF Region 7
Science & Engineering Fairs
at the University of Mississippi

These forms MUST be completed and returned by date specified below to the Fair Director.

School Registration Form
This form serves as indication of your school’s intent to participate in the 2015|2016 MSEF Program.

School Information

__________________________________________________________

Grades: ☐ 1-3  ☐ 4-6  ☐ 7-8  ☐ 9-10  ☐ 11-12

Type:  ☐ Public  ☐ Private  ☐ Homeschool

__________________________________________________________

School Name

__________________________________________________________

School Mailing Address

City  State  Zip

__________________________________________________________

School Phone

School Fax

__________________________________________________________

Key Teacher Name

Key Teacher E-mail

__________________________________________________________

Principal Name

How many students will participate at your school’s science fair?  __________

How many students do you plan on sending to the Region 7 Science Fair?  __________

*Please Check Yes/No Below

________ Yes, our students will be conducting experiments involving humans and/or animals. (Complete SRC and IRB forms)

________ No, our students will not be conducting experiments involving humans and/or animals. (Complete SRC form only)

IMPORTANT DATES & DEADLINES

School Registration Due: November 20, 2015
Upper Fair Project Registration: January 15, 2016
Lower Fair Project Registration Due: March 11 2016

Upper Fair (Grades 7th-12th): February 25, 2016
Lower Fair (Grades 1st-6th): April 6, 2015

Return Forms To:
Outreach and Continuing Education
Office of Pre-College Programs
Post Office Box 1848
University, MS 38677

Fax: 662-915-5138
Email: competitions@olemiss.edu
Section 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.


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: ________________________________________________________________

MSEF Region Approval Date: ____________________________ By: ________________________________________
Section 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.


---

**IRB Chairperson:** ______________________________________
☐ MD  ☐ PA  ☐ RN  ☐ LCC  ☐ LSW

**Employed by:** ____________________________________________  Employment Title: ____________________________________________

Complete Mailing Address: ______________________________________

Degree(s) and/or Qualifications: ______________________________________

Name: ____________________________________________
☐ Science Educator  ☐ Administrator  ☐ Other

**Employed by:** ____________________________________________  Employment Title: ____________________________________________

Complete Mailing Address: ______________________________________

Degree(s) and/or Qualifications: ______________________________________

Name: ____________________________________________
☐ Science Educator  ☐ Administrator  ☐ Other

**Employed by:** ____________________________________________  Employment Title: ____________________________________________

Complete Mailing Address: ______________________________________

Degree(s) and/or Qualifications: ______________________________________

Name: ____________________________________________
☐ Science Educator  ☐ Administrator  ☐ Other

**Employed by:** ____________________________________________  Employment Title: ____________________________________________

Complete Mailing Address: ______________________________________

Degree(s) and/or Qualifications: ______________________________________

Name: ____________________________________________
☐ Science Educator  ☐ Administrator  ☐ Other

**Employed by:** ____________________________________________  Employment Title: ____________________________________________

Complete Mailing Address: ______________________________________

Degree(s) and/or Qualifications: ______________________________________

Name: ____________________________________________
☐ Science Educator  ☐ Administrator  ☐ Other

**Employed by:** ____________________________________________  Employment Title: ____________________________________________

Complete Mailing Address: ______________________________________

Degree(s) and/or Qualifications: ______________________________________

MSEF Region Approval Date: ________________  By: ____________________________________________