

### Type of Committee

SRC     IRB     Both

### Local SRC/IRB Review

### Committee Chairperson:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City + Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mr.     Mrs.     Ms.     Dr.

Home Address: \_\_\_\_\_

City + Zip: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Scientific Review Committee (SRC)

*A minimum of three (3) members is required. Additional members may be added to avoid conflicts of interest or for additional content expertise.*

<b>BIOMEDICAL SCIENTIST</b> <small>(PhD, MD, DVM, DO, DDS, etc.)</small>	<b>Phone</b>	<b>E-Mail</b>	<b>Degree(s) &amp; Major(s)</b>	<b>Address</b>	<b>City &amp; Zip</b>
<b>SCIENCE EDUCATOR</b> <small>(Teacher, College Faculty, Museum Science Educator, Other Science Educator, etc.)</small>	<b>Phone</b>	<b>E-Mail</b>	<b>Degree(s) &amp; Major(s)</b>	<b>Address</b>	<b>City &amp; Zip</b>
<b>THIRD MEMBER</b>	<b>Phone</b>	<b>E-Mail</b>	<b>Degree(s) &amp; Major(s)</b>	<b>Address</b>	<b>City &amp; Zip</b>

### Institutional Review Board

*IRB required ONLY for Human Subjects Research Projects. Minimum of three (3) members required. Additional members may be added.*

<b>SCHOOL ADMINISTRATOR</b> <small>(Principal, Assistant Principal, etc.)</small>	<b>Phone</b>	<b>E-Mail</b>	<b>Degree(s) &amp; Major(s)</b>	<b>Address</b>	<b>City &amp; Zip</b>
<b>SCIENCE EDUCATOR</b> <small>(Teacher, College Faculty, Museum Science Educator, etc.)</small>	<b>Phone</b>	<b>E-Mail</b>	<b>Degree(s) &amp; Major(s)</b>	<b>Address</b>	<b>City &amp; Zip</b>
<b>THIRD MEMBER</b> <small>(Psychologist, Psychiatrist, MD, PA, RN, LPCC, Licensed Social Worker)</small>	<b>Phone</b>	<b>E-Mail</b>	<b>Degree(s) &amp; Major(s)</b>	<b>Address</b>	<b>City &amp; Zip</b>