

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.

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

Institutional Review Board

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

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