

2026 MSEF School SRC/IRB Committees Form

This form **MUST** be completed and returned by **December 15 2025** to your Regional Fair Director. This form serves as an indication of your school's intent to participate in the **2026 Region IV Fair**.

Section I. Current School Information

School Name: _____

Address: _____ City: _____ Zip code: _____

Key Teacher: _____ Email: _____

School Telephone: _____ School FAX: _____ County: _____

School District: _____ School Type: ☐ Public ☐ Private ☐ Home School

Classes Competing: Lower Class K () Class 1 (1-3) () Class 2 (4-6)
Upper Class 3 (7-8) () Class 4 (9-12)

Section II. List the members of your local SRC and IRB. The SRC should have at least a biomedical scientist (PhD, M.D., D.V.M., or D.O.), a science educator, and one other member. The IRB should have at least a science educator, school administrator, & either a psychologist, psychiatrist, medical doctor, or registered nurse. **Members can serve on both committees.**

However, teachers may NOT sign as the Chairperson.

All signatures required on Form 1B must be dated PRIOR to the beginning date of experimentation listed on Form 1A. This is a MSEF/ISEF violation if not followed correctly.

Local SRC Chairperson: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Local IRB Chairperson: _____

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Other Local Committee Members. Please Check Committee. Use Additional Sheets if Necessary.

Name: _____ SRC IRB

Employed by: _____ Employment Title: _____

Complete Mailing Address: _____

Degree(s) and/or Qualifications: _____

Name: _____ SRC ____ IRB
Employed by: _____ Employment Title: _____
Complete Mailing Address: _____
Degree(s) and/or Qualifications: _____

Name: _____ SRC ____ IRB
Employed by: _____ Employment Title: _____
Complete Mailing Address: _____
Degree(s) and/or Qualifications: _____

Name: _____ SRC ____ IRB
Employed by: _____ Employment Title: _____
Complete Mailing Address: _____
Degree(s) and/or Qualifications: _____

Name: _____ SRC ____ IRB
Employed by: _____ Employment Title: _____
Complete Mailing Address: _____
Degree(s) and/or Qualifications: _____

MSEF Region Approval Date: _____

By: _____