

**2025 University of Arkansas  
Scientific Review Committee and Institutional Review Board Members Register  
DUE: November 1, 2024**

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

The SRC and IRB members listed below will provide science and engineering project assistance for the following schools/district \_\_\_\_\_

**Scientific Review Committee**

**MUST HAVE**

- a) a biomedical scientist (Ph.D., M.D., D.V.M., D.D.S., or D.O.)
- b) an educator
- c) at least one other member

**Chairperson:** \_\_\_\_\_ (must be one of the following)

**Biomedical scientist: (Circle one: Ph.D., M.D., D.V.M., D.D.S., or D.O.)**

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

Degree(s) and/or Qualification: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Educator:**

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

Degree(s) and/or Qualification: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Other:**

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

Degree(s) and/or Qualification: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Other:**

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

Degree(s) and/or Qualification: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Additional Expertise:** Many projects will require additional expertise to properly evaluate (for instance, extended knowledge of biosafety or of human risk groups.) If animal research is involved, at least one member must be familiar with proper animal care procedures. If the SRC needs an expert as one of its members and one is not in the immediate area, then documented contact with an external expert is appropriate and encouraged.

In order to eliminate **conflict of interest**, the Adult Sponsor, parents, the Qualified Scientist, and the Designated Supervisor must not serve on the SRC reviewing that project. Additional members are recommended to help avoid this conflict of interest and to increase the expertise of the committee.

# Institutional Review Board

(only required for projects involving Humans)

## MUST HAVE

- a) an educator
- b) a school administrator (preferably, a principal or vice principal),
- c) and 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 social worker or licensed clinical professional counselor.

**Chairperson:** \_\_\_\_\_ (must be one of the following)

### Educator:

Name: \_\_\_\_\_  
Degree(s) and/or Qualification: \_\_\_\_\_  
Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Street City Zip

### School Administrator:

Name: \_\_\_\_\_  
Degree(s) and/or Qualification: \_\_\_\_\_  
Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Other:** Circle one: medical doctor, physician's assistant, registered nurse, a psychiatrist, psychologist, licensed social worker or licensed clinical professional counselor

Name: \_\_\_\_\_  
Degree(s) and/or Qualification: \_\_\_\_\_  
Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Other:** (not required)

Name: \_\_\_\_\_  
Degree(s) and/or Qualification: \_\_\_\_\_  
Institutional Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Street City Zip

**Additional Expertise:** If the IRB needs an expert as one of its members and one is not in the immediate area, then documented contact with an external expert is appropriate and encouraged. A copy of the correspondence (e.g. email, fax, etc.) should be attached to Form 4 and can be used as the signature of that expert.

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 be the IRB Chair and my not serve as a member of the IRB reviewing that project. Additional members are recommended to help avoid this conflict of interest and to increase the expertise of the committee.

Signed: \_\_\_\_\_  
Local/District Affiliated Fair Director

Date: \_\_\_\_\_

Send completed form to Shawn Bell by email [seb010@uark.edu](mailto:seb010@uark.edu)