Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR:** SY 25-26 **PROGRAM NAME:** BIOTECHNOLOGY

FACILITATOR: CHERI LEWIS **DATE OF COMPLETION:** OCTOBER 23, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON- TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN[3]	STUDENT[3]
PROGRAM CHAIR ANDREW CIARLA	284 ANDOVER STREET LAWRENCE, MA 01843 978-682-5496 ARAC824@GMAIL.COM Senior Scientist Pfizer				X					
NORLINE CROSSDALE-WALKER	12 W. FARMINGTON AVE., METHUEN, MA 01844; 978-242-2869; NORLINEC@GMAIL.COM				X		X			
RENEE PROCOPIO-MELINO	PFIZER 1 BURTT ROAD ANDOVER, MA 01810 27 WILSON ROAD #1 NO. ANDOVER, MA 01845 RENEE.PROCOPIO-MELINA@PFIZER.COM				X					
ELIZABETH VILLAR	ELIZABETH.VILLAR@PFIZER.COM 908-403-5492 25 PORTER STREET WOBURN MA 01801 PFIZER SENIOR SCIENTIST 1 BURTT ROAD ANDOVER MA 01810				X					
MARK WHOLLEY	603-502-8094 1 ARLENE DRIVE PELHAM, NH 03076 MARKWHOLLEY@GMAIL.COM MSW ASSOCIATES				X					

Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR:** SY 25-26 **PROGRAM NAME:** BIOTECHNOLOGY

FACILITATOR: CHERI LEWIS **DATE OF COMPLETION:** OCTOBER 23, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON- TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN[3]	STUDENT[3]
***TOM RAICHE**– SERVES ON GENERAL ADVISORY BOARD REPRESENTING ALL PROGRAMS	MERRIMACK VALLEY CLC OFFICE, 169 MERRIMACK STREET LOWELL, MA 01852 TOM RAICHE (AFLCIO COMMUNITY SERVICES LIAISON) AT 978-441-1939 OR TOM.RAICHE@GMAIL.COM.					X				

GLTS
Greater Lawrence Technical School

Biotechnology
Programmatic Advisory Committee
Meeting – Sign In

MEMBERS ONLY

October 23, 2025

Last Name	First Name	Signature	Email
Burke	Nancy		nancy.burke@crl.com ngfl01@yahoo.com
Ciarla	Andrew		arac824@gmail.com
Crossdale-Walker	Norline		norlinec@gmail.com; norline.crossdale-walker@genzyme.com
Procopio-Melina	Renee		Procopio.melino@gmail.com
Villar	Elizabeth		Elizabeth.villar@pfizer.com
Wholley	Mark		markwholley@gmail.com

GLTS
Greater Lawrence Technical School

Biotechnology
Programmatic Advisory Committee
Meeting – Sign In
Date: October 23, 2025

Teachers:

Last Name	First Name	Signature
Cummings	Scott	
Kandefer	Rylen	
Lewis	Cheri	
Tobin	Melissa	

Potential New Members:

Last Name	First Name	Signature	Email