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

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR:** 25-26 **PROGRAM NAME:** MEDICAL ASSISTING

FACILITATOR: BROOKE LEAVITT **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]
LIST CHAIRPERSON HERE ELIZABETH TORRES	PMA / HFH ELIZABETH_MARIE16@HOTMAIL.COM 978-221-0157 16 LEXINGTON AVE METHUEN, MA 01844		X		X			X		
HOLLY BRAID	Element Care -Lowell/Methuen mrsb1320@gmail.com 17 Old Coach Rd., Kingston, NH 03848 603-793-3435	X			X					
LINDA COKE	978-689-6741 5 Clooney Terrace Peabody MA 01960 Linda.coke@glfhc.org Greater Lawrence Family Health Center Director of Pharmacy 73A Winthrop Ave Lawrence, MA 01841				X					
CHRISTEN FRAGALA	3 Summit Avenue Chelmsford MA 01824 760-216-7626 christenfragala@hotmail.com Westford Family Medicine Family Physician 198 Littleton Rod St. 102 Westford, MA 01886				X		X			
CYNTHIA GOMEZ	978-230-3806 13 Varnum Ave, 1st Flr Methuen, MA 01844 cynthia.d.gomez@lahey.org Lahey Medical Center Clinical Nurse Leader 41 Mall Road Burlington, MA 01803		X		X				X	

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Facilitator: BROOKE LEAVITT **Date of Completion:** OCTOBER 23, 2025

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KATHLEEN WELCH-HUDSON	978-655-5874 KHUDSON@NECC.MASS.EDU NORTHERN ESSEX COMMUNITY COLLEGE DEAN OF HEALTH PROFESSIONS 414 COMMON STREET LAWRENCE, MA 01840						X			
***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				

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GLTS
Greater Lawrence Technical School

Medical Assisting
Programmatic Advisory Committee Meeting
Sign- In Sheet

STAFF OCTOBER 23, 2025

Department	Last Name	First Name	Signature
MEDICAL	Durkin	Audra	
MEDICAL	Coutu	Sarah	
MEDICAL	Fazio	Rita	
MEDICAL	Harris	Tamie	
MEDICAL	Leavitt	Brooke	

Potential New Members:

Last Name	First Name	Signature	Email