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

District: GREATER LAWRENCE TECHNICAL **School Year:** SY 25-26 **Program Name:** DENTAL ASSISTING

Facilitator: ALLYSON LIGOR **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 Julie Breen	16 Mackey Drive Tyngsboro MA 01879 978-656-3055 Breenj@middlesex.mass.edu Middlesex CC Academic Clinic Coordinator 88 Middle Street Lowell, MA 01851				X		X			
Ashley Brown	631-839-1498 404 W 2nd Street unit 1 Boston, MA 02127 Henry Shein Sales Rep 220 Bear Hill Road Waltham MA 02451 Ashley.Brown@henry shein.com				X					
Anyeiny Castillo	978-305-4055 58 Bailey Street Lawrence, MA 01843 260416@student.gtls.net									X
Dr. Entela Cika	President Dental Arts Lawrence 234 Essex Street Lawrence, MA 01840 978-837-4444 Cell 508-615-3989 entelacika@gmail.com		X		X					

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Deborah R. Deschene	5A Madison Ave Kingston, NH 03848 DRQ270@yahoo.com Dr. Martha Morell Andover Pediatric Dentistry Dental Assistant 1 Elm Street Andover 01810/100 Amesbury Street Lawrence 01840				X					
Martha Forero	978-289-8883 5 Hillview Drive Methuen, MA 01844 foreromL@yahoo.com Andover Pediatric Dentistry Hygienist/Community Outreach Coord/Marketing 100 Amesbury Street Suite 111 Lawrence, MA 01830		X				X			
Peter Gangi	84 Casablanca Ct Haverhill, MA 01832 508-641-4499 PmGangi@gmail.com P.M Gangi DMD Inc. 13 Branch Street Methuen, MA 01844				X		X			
Heather Nasella	978-807-6481 3 Beacons Field Street Lawrence, MA 01843 heather.nasella@gmail.com								X	
Samantha Nasella	978-806-6383 3 Beacons Field Street Lawrence, MA 01843 261603@student.glts.net									X

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

FACILITATOR: ALLYSON LIGOR **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]
YENNY PEREZ	978-908-9064 58 Bailey Street Lawrence, MA 01843 perezyenny1981@gmail.com Learning Jungle Academy 439 Union Street #104 Lawrence, MA								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				

GLTS
Greater Lawrence Technical School

Dental Assisting
Programmatic Advisory Committee Meeting
Sign- In Sheet

STAFF OCTOBER 23, 2025

Department	Last Name	First Name	Signature
DENT	Cuzzupe	Sandy	
DENT	Ligor	Allyson	
DENT	Posada	Juliana	
DENT	Valdez	Lauralina	
Potential New Members:			