



Oregon Bioscience Association

The information in this application is confidential, and will be used only for the purpose of qualifying and tracking BioCatalyst program members. We will not sell this information for use in any marketing or mailing list.

BioCatalyst Advanced Training Application Form

First Name: _____ Middle _____ Last Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Email address: _____

Website name: _____ URL: _____

Linked In: _____

Twitter: _____

Other Social Media Type: _____ Other Social Media ID/URL: _____

Last/Current Job

Title: _____ Start Date _____ End Date _____

Salary (per month): _____

Highest Level of Education Completed

Name of School: _____ Degree or highest year completed: _____ Year: _____

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Name: _____

Additional Training or Certificates

High Tech or Biomedical Experience (if any; please describe)

Employment Goals

Any other reasons that you would make a good candidate

Please save this fillable PDF and email it to biocatalyst@oregonbio.org, or print it and deliver to

Oregon Bioscience Association
2828 SW Corbett Ave., Suite 115
Portland, OR 97201

Questions? Call Mark Saltveit or Julie Black at (503) 548-4432.

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Applicant/Graduate Declaration Page

As an applicant/Graduate for this training program, I certify that my answers to the following questions are true and complete. Any further explanations are included below.

1. Have you found employment? _____ If so, with whom? _____
2. Hire date: _____ Wage earned: \$ _____ Full time? _____
3. Your Address: _____
4. Your Phone number: _____ email address: _____
5. Linked In URL: _____
6. Social Security Number: ____ - ____ - _____
7. Drivers license (or state other government issued ID) _____

Please complete the following:

1. Are you a current resident of the state of Oregon? YES NO
2. Are you a citizen of the United States of America? YES NO
3. If the answer to #2 is no, do you have a legal status that makes you work-eligible?
 YES Type of document _____
 NO Document ID # _____
4. Would you pass a drug screen? YES NO
5. Previous employment history: Company Name: _____
6. Company address: _____
7. Hire & exit date of previous employment: _____ Wage earned: \$ _____

Name (printed): _____

Name (signature): _____ Date: _____

Applicant/Graduate Declaration Page

As a graduate from this training program, I certify that my answers to the following questions are true and complete. Any further explanations are included below.

1. Have you found employment? _____ If so, with whom? _____
2. Hire date: _____ Wage earned: \$ _____ Full time? _____
3. Your Address: _____
4. Your Phone number: _____ email address: _____
5. Linked In URL: _____

Please complete the following:

1. Were you receiving unemployment during training? YES NO
How much did you receive monthly? \$ _____
2. Are you still receiving unemployment benefits? YES NO
When did you stop receiving benefits, or when will your benefits expire? _____
3. Previous employment history: Company Name: _____
4. Company address: _____
5. Hire & exit date of previous employment: _____ Wage earned: \$ _____

Please spend some time to describe your training experience. This training is funded through a grant to help unemployed and underemployed Oregonians. Do you find this program to be of value? Why?

Name (printed): _____

Name (signature): _____ Date: _____

BIOCATALYST TRAINING EVALUATION

DATE: JUNE 12, 2015 (COHORT 6)

YOUR NAME _____

PLEASE RATE THE OREGON BIO WORK FORCE TRAINING PROGRAM: BIOCATALYST

_____ EXCELLENT _____ GOOD _____ AVERAGE _____ POOR _____ NOT WORTHWHILE

WHAT CLASSES WERE MOST USEFUL? _____

WHAT WAS YOUR IMPRESSION OF OUR INSTRUCTORS? _____

DO YOU FEEL THIS PROGRAM BETTER PREPARED YOU TO OBTAIN EMPLOYMENT? _____

WHAT IS YOUR OVERALL IMPRESSION OF THE PROGRAM? _____

WHEN YOU FIND EMPLOYMENT, HOW LIKELY ARE YOU TO REFER A CO-WORKER TO THE OREGON BIO WORKFORCE TRAINING PROGRAM?

GENERAL COMMENTS _____

THANKS FOR YOUR FEEDBACK!



The Oregon Bioscience Association

BIOCATALYST CERTIFICATE

MEDICAL DEVICE FOUNDATIONS

This certificate recognizes the successful completion of the BioCatalyst Professional Certificate Training Program as conceived and managed by the Oregon Bioscience Association, the BioPro Workforce Steering Committee, the Board of Directors and our industry executive leaders.

Suvarchala Devi Pogula, Ph.D.

This certificate, comprised of the curriculum outlined below, was completed on January, xx, 2014.

- Business Communication Fundamentals • Impromptu Presenting
- Principles of Lean Manufacturing • Measurement Systems Analysis • Overview of FDA
- Implementing and Maintaining an Effective Accident and Incident Prevention Program (EAIP)
- Protecting Workers Through Effective Hazard Communication • Quality Systems Overview
- Preparing for Inspections in Regulated Industries • ISO 9001/ISO 13485 Internal Auditor Training • Financial Skills for Non-Finance People
- Problem Solving for Corrective and Preventive

Dennis M. McNannay
Oregon Bio, Executive Director

Julie M. Black
Oregon Bio, BioCatalyst Program Manager