

PrintED® ANNUAL STATUS REPORT
Accredited Program

Date _____

Lead Instructor _____ Title _____

School/Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Additional Instructors _____

Program Director/Principal _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Accreditation expiration _____ Number of students in the program _____

- Type of Program
- High School (Comprehensive-Public)
 - High School (Career Center or Career & Technical Center)
 - High School (Private)
 - Technical College
 - Community College
 - Correctional Facility
 - Other _____

Areas Accredited:

- Introduction to Graphic Communications
- Offset Press Operations
- Binding and Finishing
- Digital File Preparation
- Digital File Output
- Digital Production Printing
- Advanced Offset Press Operations
- Advanced Digital File Preparation

- The lead instructor has remained the same since the program was initially PrintED accredited.
 Yes No
- Instructor(s) in the program has submitted PrintED *Instructor Information* documents to GAERF.
 Yes No
- The 2006/2007 PrintED Competencies available on the provided CD are being incorporated into the curriculum.
 Yes No
- Does your program have articulation agreements with any post-secondary institutions, colleges or universities?
 Yes No

If yes, list them on the line provided.

- As required, list any currently held industry-related memberships (e.g., IGAEA, GATF, PIA, etc.).

- The program's Advisory Committee meets at least once a year?
 Yes No

Dates the meetings were held during the current school year _____

- Industry Advisory Committee Members – Attach a list or complete the information below.

Name _____ Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

Name _____ Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

- Number of graduates from the PrintED Program _____
- Of these graduates, the number of individuals placed in graphic communications or printing jobs _____
- Of these graduates, the number of individuals pursuing further graphic communications education _____
- List the graphic communications workshops or courses attended by the instructor(s) in the past year. A minimum of six contact hours in graphic communications is required. (INCLUDE DOCUMENTATION)

Title *Date*

Title *Date*

If applicable:

- Complete the attached *Graduate Information* listing individuals from the accredited PrintED program that have secured positions in a printing or graphics communications company.
- Complete the attached *Student Certificate Order Form* listing individuals who have successfully completed the competencies in a specialty area **other than** Introduction to Graphic Communications, Press Operations, and Digital File Preparation.

Signature (Director/Principal) *Date*

Signature (Instructor) *Date*

PrintED® GRADUATE INFORMATION

*DUPLICATE AS NEEDED

The following individuals have graduated from the _____
PrintED® accredited program.

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

Name _____
 Employed Continuing Education Entered Military Other
Company/School _____
Address _____
City _____ State _____ Zip _____

PrintED[®] STUDENT CERTIFICATE ORDER FORM

*DUPLICATE AS NEEDED

The Graphic Arts Education and Research Foundation (GAERF[®]) will award student certificates to any student who successfully completes 80 % of the competencies in Binding & Finishing, Digital File Output, Advanced Digital File Preparation, or Advanced Press Operations. Complete the information on the form and return to GAERF.

***NOTE:** Certificates will **not** be issued for completers of Introduction to Graphic Communications, Press Operations, and Digital File Preparation. Certifications are awarded in these areas to students who achieve passing scores on the online examinations. Exceptions will be made for individuals who are students in a correctional facility.*

NAME (PLEASE PRINT)

SPECIALTY AREA(S)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name _____

School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Mail or fax to: Graphic Arts Education and Research Foundation
1899 Preston White Drive
Reston, VA 20191-4367
Phone: (703) 264-7200 Fax: (703) 620-3165