



**PrintED ANNUAL STATUS REPORT
Applicant 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 _____

Expiration date for accreditation completion _____ Number of students in the program _____
(18 months from date of application)

- 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 _____

Applying for accreditation in these areas:

- | | |
|---|--|
| <input type="checkbox"/> Introduction to Graphic Communications | <input type="checkbox"/> Digital Production Printing |
| <input type="checkbox"/> Advertising & Design | <input type="checkbox"/> Offset Press Operations |
| <input type="checkbox"/> Binding and Finishing | <input type="checkbox"/> Screen Printing Technology |
| <input type="checkbox"/> Digital File Output | <input type="checkbox"/> Advanced Digital File Preparation |
| <input type="checkbox"/> Digital File Preparation | <input type="checkbox"/> Advanced Offset Press Operations |

- The current lead instructor has submitted an Instructor Data Form to GAERF and has been approved as a PrintED instructor.

Yes No

- The 2010 PrintED competencies are being incorporated into the curriculum.

Yes No

- List any currently held industry-related memberships (e.g., IGAEA, Printing Industries of America, etc.).

- 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)

<i>Title</i>	<i>Date</i>
<i>Title</i>	<i>Date</i>

- Evaluation Team Leader _____

- The Evaluation Team Leader has successfully served as a mentor since the accreditation process was begun.

Yes No

- The most recent contact made with the Evaluation Team Leader was on _____.

Comments _____

- An on-site facility inspection has taken place. Yes Date _____ No

- A final evaluation is scheduled to take place. Yes Date _____ No

- Does the program's Advisory Committee meet at least once a year?

Yes No

Meeting date(s): _____

- 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 _____

Signature (*Director/Principal*) Date

Signature (*Instructor*) Date

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