



PrintED ANNUAL STATUS REPORT
Applicant Program

Date _____

Lead Instructor _____ Title _____

School/Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Additional Instructor(s) _____

E-mail(s) _____

Program Director/Principal _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Expiration date for accreditation completion _____ Number of students in the program _____
(12 months from date of Facility Inspection)

- List any currently held industry-related memberships (e.g., GCEA, PIA Affiliate, 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 specific to graphic communications is required. (INCLUDE DOCUMENTATION)

Title Date

Title Date

- 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 _____

- 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 _____

Signature (*Director/Principal*)

Date

Signature (*Instructor*)

Date

E-mail, Fax or send to:

E-mail: gaerf@npes.org

Fax: (703) 620-3165

1899
Reston,
Phone:

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Preston White Drive
VA 20191-4367
(703) 264-7200