**Instructions:** Thank you for your interest in the National Center for Interpretation (NCI). In order to understand your program needs, we need some basic information. Please complete and submit this document. After we review your needs, we will contact you and may ask you some further questions in order to provide you with a quote. Please keep in mind that it may take up to two (2) months to organize a customized language service research project. Our aim is to always provide the best quality testing at the best price.

**Contact Information:** The contact person must be a representative of the organization or group who will assume financial and other responsibilities for the program. Please provide all information below:

- **Name of Contact:**
- **Title of Contact:**
- **Name of Organization:**
- **Website:**
- **Mailing Address:**
- **Phone:**
- **Fax:**
- **Email:**

**Program Dates:** What time frame are you working under to complete this research project?

**Research Location:** Where will the research/filed work (if applicable) take place?
- [ ] At the University of Arizona (or a similar location in Tucson, AZ)
- [ ] Onsite at your location
- [ ] At another location (please indicate): ________________
- [ ] At multiple locations (how many? ________)

**Research Goal:** What would you like to learn as a result of this research project? How will you use this information? Please be as specific as possible:

---

Once completed, please submit this form:
By Email: ncitrp@email.arizona.edu
By Fax: +1 (520) 624-8130
By Surface Mail: The University of Arizona National Center for Interpretation PO Box 210432 Tucson AZ 85721-0432 USA
Questions? +1 (520) 621-3615
Research Focus: Related to the overall goal described above, in what area(s) of inquiry are you interested?
- Language Access Needs Assessment
- Language Access Planning
- Review of Training Program
- Test Validation Study
- Language Service Job Analysis
- Other: ______________________
- Other: ______________________

Language(s) Related to Research:
- Multiple Languages
- Language Neutral
- Spanish/English
- Other Language Pair (please specify): ______________________ / ______________________
- Single Language (please specify): ______________________

Area(s) of Focus:
- Court/Legal
- Medical
- Education
- Community
- Immigration
- Interpreting—If you wish to focus on specific modes, specify:
  - Consecutive
  - Simultaneous
  - Sight Translation
- Translating
- Specialized Language Proficiency and Acquisition
- Ethics/Protocol/Culture
- Other (Please specify how you would like to customize your training):

Additional Comments: Please include any additional information that is relevant to your needs.

What additional information do you need from us (e.g., Tax I.D., application for approved vendor status) to facilitate this research project?