

## **OHZDP Interest Intake Form**

- Name
- Title
- Organization
- Location
- E-mail Address
- Phone Number
- What is your intended use of the OHZDP Process?
  - To prioritize zoonotic diseases for all One Health sectors (human, animal, and environmental health)
  - To prioritize zoonotic diseases for one sector
  - To prioritize One Health issues (including but not limited to zoonotic diseases)
  - To prioritize infectious diseases
  - Other type of prioritization: *please describe*
- Would the OHZDP Process be used at a subnational, national, or regional (>1 country) level?
  - Subnational
  - National
  - Regional (>1 country)
  - Other: *please describe*
- Which organizations/agencies would be involved in the prioritization [check all that apply]?
  - Government Agencies [check all that apply]
    - Ministry of Health/Public Health
    - Ministry of Agriculture/Animal Health
    - Ministry of Environment/Wildlife
    - Other: *please describe*

- Non-governmental organization
  - Academia
  - Other: *please describe*
- When are you planning on hosting this workshop? (Note: preparation for OHZDP workshops takes at minimum 3-4 months)
  - Free text*
- Have facilitators that have previously participated in a OHZDP facilitator training been identified to facilitate this workshop?
  - Yes
  - No
- Has personnel/staff time for coordinating, preparing, and planning for this workshop been allotted?
  - Yes
  - No
- Have financial resources been identified to conduct a prioritization workshop (venue, travel/per diem, materials, printing, etc)?
  - Yes
  - No
- Are there any other details or information you would like to share with CDC's One Health Office for consideration for access to the OHZDP Portal?