**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?