

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?