**Declaration of intent to advocate obtaining the One Health Certificate of the One Health Platform**

I declare that I support the intent of my doctoral student to obtain the One Health Certificate of the One Health Platform. The topic of his/ her doctoral thesis is in the context of One Health research.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic of the doctoral thesis *(please fill in)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the doctoral student *(please fill in)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and institution of the project leader *(please fill in)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Signature

--------------------------------------------------------------------------------------------------------------------------

The signed document must be submitted to the office site Riems or attached to the application form for a project funded by the OHP:

**One Health Platform**

c/o Friedrich-Loeffler-Institut

Federal Reserach Institute for Animal Health

Südufer 10

17493 Greifswald – Insel Riems

Dana.Thal@fli.de