ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Pernille

2. **Surname (Last Name)**
   - Andreassen

3. **Date**
   - 19-December-2017

4. Are you the corresponding author? 
   - [ ] Yes
   - [X] No

   **Corresponding Author’s Name**
   - Anita Ulvsgaard Sørensen

5. **Manuscript Title**
   - How the youngest doctors perceive the Danish formal, educational advisory program: A SWOT-analysis

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? 
- [ ] Yes
- [X] No

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- [ ] Yes
- [X] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
- [ ] Yes
- [X] No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Andreassen has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Anita

2. Surname (Last Name)  
   Sørensen

3. Date  
   15-December-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   How the youngest doctors perceive the Danish formal, educational advisory program: A SWOT-analysis

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Sørensen reports grants and personal fees from Central Denmark Region.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Marianne Kleis

2. **Surname (Last Name)**
   Møller

3. **Date**
   11-January-2018

4. **Are you the corresponding author?**
   Yes

5. **Manuscript Title**
   How the youngest doctors perceive the Danish formal, educational advisory program: A SWOT-analysis

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

**Did you or your institution at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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No

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**Do you have any patents, whether planned, pending or issued, broadly relevant to the work?**

Yes

**Corresponding Author’s Name**

Anita Ulvsgaard Sørensen
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Dr. Mølller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Bente
2. Surname (Last Name)  Malling
3. Date  17-January-2018
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Anita Ulvsgaard Sørensen

5. Manuscript Title  How the youngest doctors perceive the Danish formal, educational advisory program: A SWOT-analysis

6. Manuscript Identifying Number (if you know it)

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