ICMJE DISCLOSURE FORM

Dat	e : 9. juli 2024		
You	r name: Julia Kadin Fung	ge	
Mai	nuscript title: Health profess	sionals' access to diversity tr	aining across Denmark: a survey of training
Mar	nuscript number (if known)):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
perta antih	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
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2	Grants or contracts from	None Non	
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3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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Dat	e : 9. juli 2024		
You	I r name : Hejdi Abdelham	id	
Mai	nuscript title: Health profess	ionals' access to diversity tr	aining across Denmark: a survey of training
	nuscript number (if known)		
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Des/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
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	in item #1 above).		
Royalties or licenses None			

4	Consulting fees	None ■ None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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Date	e: 9. juli 2024		
You	r name: Janne Sørenser	1	
Mar	nuscript title: Health	professionals' access to dive	ersity training across Denmark: a survey of training
Mar	nuscript number (if known):	
are re third comn list a The fe	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
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'	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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