ICMJE DISCLOSURE FORM

Date: June 1st 202 Your Name: Francisco Schlottmann Manuscript Title: Simulation in Surgical Education: Mentors' point of view Manuscript number (if known): ASJ-2021-MCE-05 (ASJ-21-40)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	X_None

Please summarize the above conflict of interest in the following box:

No Conflicts of interest.

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.