Date: Feb 25th, 2021 Maged Tanios

Manuscript Title: ANALYSES OF BURN-OUT AMONG MEDICAL PROFESSIONAL AND SUGGESTED SOLUTIONS

Manuscript number (if known): JHMHP-20-153

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.

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
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	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			

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

Date:April 12 th , 2021
Your Name:David Haberman
Manuscript Title:ANALYSES OF BURN-OUT AMONG MEDICAL PROFESSIONAL AND SUGGESTED SOLUTIONS
Manuscript number (if known):JHMHP-20-153

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_ None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
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	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non-financial interests	XNone
Г	ease summarize the above co	onflict of interest in the following box:

None.			

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

Date:Apr. 12", 2021
Your Name:John Bouchard
Manuscript Title: ANALYSES OF BURN-OUT AMONG MEDICAL PROFESSIONAL AND SUGGESTED SOLUTIONS
Manuscript number (if known): JHMHP-20-153
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	I		_
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	·
		needed)	
		Time frame: Since the initial	planning of the work
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

None.			

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Date:Apr	. 12 th , 2021
Your Name:	_Michael Motherwell
Manuscript Titl	le: ANALYSES OF BURN-OUT AMONG MEDICAL PROFESSIONAL AND SUGGESTED SOLUTIONS
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3	Royalties or licenses	NONE	
4	Consulting fees	NONE	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	NONE	
	testimony		
7	Support for attending meetings and/or travel	NONE	
8	Patents planned, issued or	NONE	
	pending		
9	Participation on a Data	NONE	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NONE	
11	Stock or stock options	NONE	
	·		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	NONE	
		110115	
13	Other financial or non- financial interests	NONE	

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

I have no conflict of interest to declare		

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

Date:A	pr. 12 th , 2021
Your Name:_	Jay Patel
Manuscript T	Fitle: ANALYSES OF BURN-OUT AMONG MEDICAL PROFESSIONAL AND SUGGESTED SOLUTIONS
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