

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Cynthia

2. Surname (Last Name)  
Emory

3. Date  
03-May-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Implementation of an Orthopaedic Postgraduate Physician Assistant Fellowship for Improved Specialty Training

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Emory has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Vincent

2. Surname (Last Name)  
Hill

3. Date  
02-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Cynthia Emory

5. Manuscript Title  
Implementation of an Orthopaedic Postgraduate Physician Assistant Fellowship for Improved Specialty Training

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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PA Hill has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kristin

2. Surname (Last Name)  
Lindaman

3. Date  
08-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Vincent Hill

5. Manuscript Title  
Implementation of an Orthopaedic Postgraduate Physician Assistant Fellowship for Improved Specialty Training

6. Manuscript Identifying Number (if you know it)

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PA Lindaman has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Anna

2. Surname (Last Name)  
Miller

3. Date  
02-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title  
Orthopaedic PA Fellowship

6. Manuscript Identifying Number (if you know it)

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Dr. Miller has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jamie

2. Surname (Last Name)  
Weiss

3. Date  
04-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Cynthia Emory

5. Manuscript Title  
Implementation of an Orthopaedic Postgraduate Physician Assistant Fellowship for Improved Specialty Training

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