

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.

Identifying information.

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Lauziere 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Lauziere		3. Date 22-May-2019
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Nam Emily Murphy	ne
5. Manuscript Title Orthopaedic Elec		Physician Assistant Studer	nt: The Preceptor Perspective	2
6. Manuscript lder	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
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				
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. U port relationships that we		itionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Lauziere 2



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Beck 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir David	st Name)	2. Surname (Last Name) Beck	3. Date 16-May-2019	
4. Are you the corr	responding author?	✓ Yes No		
5. Manuscript Title Orthopaedic Elec		Physician Assistant Student: The Preceptor Perspectiv	/e	
6. Manuscript Ider	ntifying Number (if you kn 00017	ow it)		
	ı			
Section 2.	The Work Under Co	onsideration for Publication		
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Section 4.				
	Intellectual Proper	ty Patents & Copyrights		
Do you have any	patents, whether plant	ned, pending or issued, broadly relevant to the work?	? Yes 🗸 No	

Beck 2



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Cloutier 1



Section 1. Ide	ntifying Informa	ation			
1. Given Name (First Nai Dagan	me)	2. Surname (Last Name) Cloutier	3. Date 16-May-2019		
4. Are you the correspon	nding author?	Yes ✓ No	Corresponding Author's Name Emily Murhy, PA-C		
5. Manuscript Title Orthopaedic Elective	Rotations for the Ph	hysician Assistant Stude	nt: The Preceptor Perspective		
6. Manuscript Identifyin	g Number (if you kno	ow it)			
Section 2. The	Work Under Co	nsideration for Publ	ication		
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Cloutier 2



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Murphy 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Emily	2. Surname (Last Name) Murphy	3. Date 16-May-2019		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Orthopaedic Elective Rotations for the	Physician Assistant Student: The Preceptor Perspecti	ve		
6. Manuscript Identifying Number (if you kr JOPAJBJS-D-19-00017	now it)			
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intellectual Propel	rty Patents & Copyrights			
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Murphy 2



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Weikert 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) William	2. Surname (Last Name) Weikert		3. Date 21-May-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name	e	
5. Manuscript Title Orthopaedic Elective Rotations for the F	Physician Assistant Studen	t: The Preceptor Perspective		
6. Manuscript Identifying Number (if you kn JOPAJBJS-D-19-00017	now it)			
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Kuchta 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Jason	2. Surname (Last Name) Kuchta	3. Date 19-May-2019		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Emily Murphy		
5. Manuscript Title Orthopaedic Elective Rotations for the	Physician Assistant Studer	at: The Preceptor Perspective		
6. Manuscript Identifying Number (if you k JOPAJBJS-D-19-00017	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
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				
Section 3. Relevant financial	activities outside the s	submitted work.		
of compensation) with entities as descri	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4. Intellectual Prope				
Intellectual Prope	rty Patents & Copyri	hts		
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No		

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Section 5. Polationships not sovered above			
Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6. Disclosure Statement			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Chad		2. Surname (Last Name) Peterson	3. Dat 20-Ma	e ay-2019	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Emily Murphy		
5. Manuscript Title Orthopaedic Elective Rotations for the Physician Assistant Student: The Preceptor Perspective					
6. Manuscript Identifying Number (if you know it) JOPAJBJS-D-19-00017					
			_		
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					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Prope	rty Patents & Copyric	ıhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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Section 5. Polationships not sovered above				
Relationships not covered above				
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Yes, the following relationships/conditions/circumstances are present (explain below):				
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