ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Scott
2. Surname (Last Name)     Boden
3. Date                     28-August-2015
4. Are you the corresponding author?  [ ] Yes  ✔ No
Corresponding Author’s Name
Charles Day, MD

5. Manuscript Title
Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?

6. Manuscript Identifying Number (if you know it)

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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. Boden 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)  
   Charles

2. Surname (Last Name)  
   Day

3. Date  
   31-August-2015

4. Are you the corresponding author?  
   ✔ Yes  □ No

5. Manuscript Title  
   Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?

6. Manuscript Identifying Number (if you know it)

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 submitted work.

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Are there any relevant conflicts of interest?  
   ✔ Yes  □ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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☐ Yes  ☑ No

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Dr. Day reports research support received from Boston Brace and Arthrex, and has served as a consultant for Cartiva and Integra Lifescience, outside the submitted work.

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Knott
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Knott
3. Date  27-August-2015
4. Are you the corresponding author?  [ ] Yes  [✓] No
   Corresponding Author’s Name  Charles Day, MD, MBA
5. Manuscript Title  Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?
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Section 2. The Work Under Consideration for Publication

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Dr. Knott has nothing to disclose.

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<td>Nancy</td>
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4. Are you the corresponding author? [ ] Yes [x] No

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I am the Region One Director for the American Association of Nurse Practitioners, however the views expressed in this article are my personal views and do not represent the organization position or thoughts.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Yang

3. Date  
   29-August-2015

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

   Corresponding Author’s Name  
   Charles S. Day

5. Manuscript Title  
   Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?

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Are there any relevant conflicts of interest?  
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Dr. Yang has nothing to disclose.

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