ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Murray

3. Date  
12-March-2018

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

Corresponding Author's Name  
Paul Doughtery, Md

5. Manuscript Title  
Progressive Autonomy in an Era of Increasing Supervision

6. Manuscript Identifying Number (if you know it)

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☐ Yes  ☑ No

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President, American Board of Orthopaedic Surgery
Vice Chair, Orthopaedic Surgery Residency Review Committee of the ACGME
Board of Directors, American Association for Hand Surgery

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Dr. Murray reports and President, American Board of Orthopaedic Surgery
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Patrick

2. Surname (Last Name)  
   Osborn

3. Date  
   30-November-2017

4. Are you the corresponding author?  
   - Yes
   - No [✔]

   Corresponding Author’s Name  
   Paul J. Dougherty

5. Manuscript Title  
   Progressive Autonomy in the Era of Increased Supervision

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
- Yes
- No [✔]

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Dr. Osborn has nothing to disclose.

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1. Given Name (First Name)  
Lisa

2. Surname (Last Name)  
Cannada

3. Date  
12-March-2018

4. Are you the corresponding author?  
[ ] Yes  ✔ No

Corresponding Author’s Name  
Paul J. Dougherty

5. Manuscript Title  
Progressive Autonomy in the Era of Increased Supervision

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01515R1

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Member of the AAOS BOS Fellowship Committee and Previous Chair of Committee 2009-2015
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1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Dougherty

3. Date  
   12-March-2018

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