

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Lynne	rst Name)	2. Surname (Last Name) Kirk		3. Effective Date (07-August-2008) 17-January-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Kelly Caverzagie	me
5. Manuscript Title "The Internal Me		estones and the Next Accre	editation System."	
6. Manuscript Idea M12-3103	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication									
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**				

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Relevant financial activities outside the submitted work

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		✓		United Health Care	Advisory Committee	×
2. Consultancy		✓		Blue Cross Blue Shield of Texas	Advisory Committee	X
3. Employment	√					ADD X
						ADD
4. Expert testimony	√					×
5. Grants/grants pending	✓					ADD X
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×
0. D. t /						ADD
Patents (planned, pending or issued)	✓					×
9. Royalties						ADD
9. hoyalties	✓					X ADD
Payment for development of educational presentations	✓					X
						ADD
11. Stock/stock options	✓					×
12. Travel/accommodations/						ADD
meeting expenses unrelated to activities listed**	✓					×



					ADD				
13. Other (err on disclosure)	the side of full	✓			×				
					ADD				
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
Section 4.	Other relations	hins							
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? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):									
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.									
	Show	w All Table Rows		SAVE					

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The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	✓					×			
						ADD			

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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	, ,		
1. Given Name (Fin Lauren	rst Name)	2. Surname (Last Name) Meade	3. Effective Date (07-August-2008) 17-January-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title	<u>.</u>		
The Internal Med	licine Reporting Miles	tones and the Next Accreditation System	
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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
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 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



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Ту	pe No			Name of Entity	Comments**			
		'				ADD		
7. Other	✓					×		
						ADD		

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
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						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
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						ADD		
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						ADD		
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						ADD		
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						ADD		
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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
3. Support for travel to meetings for the study or other purposes		✓		American Board of Internal Medicine		×	
3. Support for travel to meetings for the study or other purposes		✓		Accreditation Council for Graduate Medical Education		×	
						ADD	

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Se	761	on	3.		ı

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2. Consultancy		✓		Saint Joseph Mercy Oakland, Pontiac, MI	Mock site visitor for graduate medical education accreditation review	×		
						ADD		
9. Royalties		✓		Lippincott, Williams, and Wilkins	Author royalties, textbook of medical education	×		
						ADD		

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	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):							
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			Kelly J. Caverzagie, MD	
5. Manuscript Title	2			
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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	✓					×	
						ADD	
2. Consulting fee or honorarium	✓					×	
						ADD	
Support for travel to meetings for the study or other purposes	✓					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	√					×	



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	\checkmark					×		
						ADD		

Section 3. Relevant financial activities outside the submitted work.

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Roger	rst Name)	2. Surname (Last Name) Bush		3. Effective Date (07-August-2008) 22-January-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Kelly J. Caverzagie, MD, F	
5. Manuscript Title The Internal Med		tones and the Next Accre	ditation System	
6. Manuscript Idea	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes		✓		ABIM		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Ent	ity	Comments	
1. Board membership		✓		ABIM		I see no conflict here	×
							ADD
2. Consultancy	✓						×
							ADD
3. Employment	\checkmark						×
							ADD
4. Expert testimony	\checkmark						X
							ADD
5. Grants/grants pending	\checkmark						X
							ADD
Payment for lectures including service on speakers bureaus	✓						×
							ADD
Payment for manuscript preparation	✓						×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
					Constitution	ADD
Payment for development of educational presentations		✓		The Billings Clinic	Consultant for application to ACGME for a new internal medicine residency	×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro			•	to have influenced, or th	nat give the appearance of	
✓ No other relationships/conditions					est	

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.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Hasan	rst Name)	2. Surname (Last Name) Bazari		3. Effective Date (07-August-2008) 17-January-2013
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Caverzagie, Kelly J	nme
5. Manuscript Title "The Internal Me		estones and the Next Accre	ditation System."	
6. Manuscript Ide M12-3103	ntifying Number (if you	know it)		

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Pfizer common stock		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

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Smith 1



Section 1.				
	Identifying Infor	nation		
Given Name (First Name) Cynthia		2. Surname (Last Name) Smith	3. Effective Date (07-August-2008) 25-October-2012	
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title Letter	2			
6. Manuscript Ider L12-1192	ntifying Number (if you l	know it)		

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×

Smith 2



The Work Under Consideration for Publication							
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
						ADD	

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

Smith 3

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^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	utionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statemen rnals may ask authors to disclose further information about reported relationships.

its.

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Smith



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Smith 5



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Eva	rst Name)	2. Surname (Last Name) Aagaard		3. Effective Date (07-August-2008) 17-January-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na Kelly Caverzagie, MD	me
5. Manuscript Title	е			
The Internal Med	dicine Reporting Miles	tones and the Next Accred	litation System	
6. Manuscript Ide M12-3103	ntifying Number (if you l	know it)	_	

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration (for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		ABIM	supported travel to meet in Philadelphia to do the work of writing the milestones. Travel only, no honorarium or other pay and only for the working meetings themselves	×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
						ADD



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
5. Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×
						ADD
7. Other	✓					×
						ADD

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Relevant financial activities out	Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD

Section 4. Other relationships

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?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Kelly	rst Name)	Surname (Last Name) Caverzagie	3. Effective Date (07-August-2008) 22-January-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title The Internal Med		stones and the Next Accreditation System	
6. Manuscript Idea M12-3103	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		ACGME and ABIM	Reimbursed expenses for travel to attend in- person meetings for development of these milestones	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	✓					×
						ADD



Type No No No No No No No No No N	ity Comments** AD	
medicines, equipment, or		
	AD	(
		D
7. Other ABIM	The American Board of Internal Medicine reimburses the University of Nebraska Medical Center for a portion of my salary for my assistance in developing Part IV MOC products and for assisting with faculty development activities.	K

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						A
4. Expert testimony	\checkmark					>
5. Grants/grants pending	✓					AI C
o. diants/grants pending	▼					Al
6. Payment for lectures including service on speakers bureaus	√					;
7. Daymant for many conjust						Al
Payment for manuscript preparation	✓					
						Al
3. Patents (planned, pending or issued)	✓					;
N. December 2						AI
9. Royalties	\checkmark					
D. Payment for development of				University Departments and	Grand Rounds	Al
educational presentations		✓		other educational consortiums	presentations	;
						AI
1. Stock/stock options	✓					
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					Al
activities listed						Al
3. Other (err on the side of full disclosure)	✓					>
						Al

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Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No' SAVE

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Section 1.	Identifying Infor	mation		
1. Given Name (First Name) William 2. Surname (Last Name) Iobst			3. Effective Date (07-August-2008) 22-January-2013	
4. Are you the corresponding author? Yes Volume No		☐ Yes ✓ No	Corresponding Author's Na Kelly Caverzagie	me
5. Manuscript Title				
"The Internal Me	edicine Reporting Mile	stones and the Next Accre	ditation System"	
6. Manuscript Ide M12-3103	ntifying Number (if you l	know it)	_	

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication										
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		\checkmark					×			
							ADD			

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Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*		Entity	Comments				
1. Board membership	✓						×			
							ADD			
2. Consultancy	✓						×			
							ADD			
3. Employment		✓		ABIM		Work for Work for ABIM	×			
							ADD			
4. Expert testimony	✓						×			
							ADD			
5. Grants/grants pending	\checkmark						×			
							ADD			
Payment for lectures including service on speakers bureaus	✓						×			
							ADD			
Payment for manuscript preparation	✓						×			

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

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Section 1.	Identifying Infor	mation		
1. Given Name (First Name) Michael 2. Surname (Last Name) Green			3. Effective Date (07-August-2008) 22-January-2013	
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Na Kelly Caverzagie	ame
5. Manuscript Title The Internal Med		stones and the Next Accre	ditation System	
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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
Support for travel to meetings for the study or other purposes	✓					×			
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Payment for writing or reviewing the manuscript	✓					×			
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Provision of writing assistance, medicines, equipment, or administrative support	√					×			



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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other	✓					×				
						ADD				

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	✓					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	\checkmark					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					×			
						ADD			
Payment for manuscript preparation	✓					×			

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Relevant financial activities outs	ide the	submit	ted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					×		
						ADD		
Payment for development of educational presentations	✓					×		
						ADD		
11. Stock/stock options	✓					×		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×		
						ADD		
Other (err on the side of full disclosure)	✓					×		
						ADD		
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								

Section 4.	
Section 4.	Other relationships
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	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Susan	2. Surname (Last Name) Swing	3. Effective Date (07-August-2008) 23-January-2013
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						ADD
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		\checkmark					×
							ADD

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Relevant financial activities out	Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	✓					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
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Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

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11. Stock/stock options	✓					×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.		

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? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): Employment by ACGME which is a sponsoring partner for milestone development



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.

Hide All Table Rows Checked 'No'

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Section 1.	ldentifying Inforn	nation		
1. Given Name (Fin	responding author?	2. Surname (Last Name)	.	3. Effective Date (07-August-2008)
5. Manuscript Title 6. Manuscript Ide	ntifving Number (if vou k	now it)	regarding .	Mertine and the circulity to the System
	M12-31	0.5	-	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Wo	rk Under Considera	No	Money Paid	Money to Your	Name of Entity	Comments**	7.7
i- Grant			to You	Institution*			×
2. Consu	ilting fee or honorariu						×
3. Suppo	ort for travel to meetin udy or other purposes	gs for			ACGINE and ASIM	or planning meeting	× ADD
activii	or participation in tev ties such as data moni is, statistical analysis, s committees, and the	toring V					×
5 Paym	nent for writing or revi nanuscript عليه الم	wing				1	×
medi	sion of Writing assista cines, equipment or histrative support						×

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ICMJE Form for Disclosure of Potential Conflicts of Interest

The W	Vork Under Consideration f	or Publication			·
e ji e	Туре	Money No Paid to You	Money to Your Institution*	Name of Entity	Comments**
7. Oth					ADD × ADD

Section 3. Relevant financial activities outside the submitted 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 \pm " box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order) No Paid to Your Institution* 1. Board membership 2. Consultancy 3. Employment 4. Expert testimony 5: Grants/grants pending ADD 5: Grants/grants pending ADD 7. Payment for manuscript preparation 7. Payment for manuscript preparation No Money Money to Your Institution* ADD ADD ADD ADD ADD ADD ADD A	Relevant financial activities out	side the submit	ted work			
2. Consultancy ADD 2. Consultancy ADD 3. Employmente 4. Expert testimony. ADD 5. Grants/grants pending X ADD 6. Payment for lectures including to manuscript the norwar is service on speakers bureaus 7. Payment for manuscript ADD 7. Payment for manuscript		No Paid to	Your	Entity	Commen	ts .
2. Consultancy ADD 3. Employment 4. Expert testimony ADD 5. Grants/grants pending 6. Payment for lectures including service on speakers bireaus 7. Payment for manuscript ADD	1::Board.membership	M I	Anna Anna Anna Anna Anna Anna Anna Anna			×
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title of Lecture: Implications of the new Account Training Negativements a Interol Wediche Elucation (Jan 31, 2012).

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	Mone No Paid t You	o Your	Entity	Comments	
3. Patents (planned, pending or					ADI
9. Röyalties					AD X
0. Payment for development of 400 educational presentations					AD X
1. Stock/stock/options					AD X
2. Travel/accommodations/ meeting expenses unrelated to activities listed**					AD ×
ACTIVITIES IISLED	PARTY NAME OF PA			<u> </u>	AD
3. Other (en on the side of fulls: : ☐ disclosure):			AIM* 7	Verelleimbreld BANIM meetings meldelieme	×
*This means money that your institution **For example, if you report a consultan	received for your	efforts.			AD

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?

Mo other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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.

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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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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. Other relationships.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Timothy	rst Name)	2. Surname (Last Name) Brigham		3. Effective Date (07-August-2008) 24-January-2013
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Patrick G. O'Connor, MD, MPH	
5. Manuscript Title "The Internal Me		estones and the Next Accre	editation System"	
6. Manuscript Idei	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	\checkmark					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.						

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

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