

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. 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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Rockey

3. Date
18-August-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Richard Rieselbach

5. Manuscript Title
Aligning Expansion of Graduate Medical Education with Recent Recommendations for Reform

6. Manuscript Identifying Number (if you know it)
M14-1838

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.

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 No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Medical Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employed as Director, Graduate Medical Education, 2003 to 2012
Educational Commission for Foreign Medical Graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Board member, 2007 to present
Accreditation Council for Graduate Medical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employed as Scholar in Residence 2012 to present
Southern Illinois University School of Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Professor Emeritus, 2003 to present
Illinois State Medical Association	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member and Chair Council on Education and Health Workforce, 2014 to present

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rockey reports being a current employee of the Accreditation Council for Graduate Medical Education, a former employee of the American Medical Association, a board member of the Educational Commission for Foreign Medical Graduates, a professor emeritus at Southern Illinois University School of Medicine, and a member of the Illinois State Medical Association, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kathleen

2. Surname (Last Name)

Klink

3. Date

18-August-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Richard E. Rieselbach

5. Manuscript Title

Aligning Expansion of Graduate Medical Education with Recent Recommendations for Reform

6. Manuscript Identifying Number (if you know it)

M14-1838

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Klink has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert

2. Surname (Last Name) Phillips

3. Date 18-August-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name Richard Rieselbach

5. Manuscript Title
Aligning Expansion of Graduate Medical Education with Recent Recommendations for Reform

6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
VCU Fairfax Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I see patients and teach in a community based residency program

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Phillips reports other from VCU Fairfax Family Practice, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Rieselbach

3. Date
22-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Aligning Expansion of Graduate Medical Education with Recent Recommendations for Reform

6. Manuscript Identifying Number (if you know it)
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