

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.

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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.

Relationships not covered above.

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

Filipe 1



| Section 1. | Identifying Inform | ation | | | |
|---|---------------------------|----------------------------------|-------------------|--------------------------|--|
| 1. Given Name (First Name) Helena Prior | | 2. Surname (Last Name) Filipe | | 3. Date 11-April-2017 | |
| 4. Are you the corresponding author? | | ✓ Yes | No | | |
| 5. Manuscript Title Continuing professional development: progress beyond continuing medical education | | | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsideratio | n 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 | | | | | |
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| Section 3. | | | | | |
| Section 3. | Relevant financial | activities o | utside the submi | tted 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 V No | | | | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |

Filipe 2



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| Section 6. Disclosure Statement | | | | |
| Disclosure statement | | | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | | | |
| Dr. Liao has nothing to disclose.Dr. Filipe has nothing to disclose. | | | | |

Evaluation and Feedback

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Filipe 3



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Mack 1



| Section 1. | Identifying Inform | nation | | | | | |
|---|---|---|--|--|--|--|--|
| 1. Given Name (Fi Heather Gwen | rst Name) | 2. Surname (Last Name) Mack | 3. Date 11-April-2017 | | | | |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name Helena Prior Filipe | | | | |
| 5. Manuscript Title Continuing professional development: progress beyond medical education | | progress beyond continui | ng | | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | | | | |
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| Section 3. | Relevant financial | activities outside the s | submitted work. | | | | |
| of compensation clicking the "Add | the appropriate boxes i n) with entities as descri | in the table to indicate who ibed in the instructions. Us 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 se present during the 36 months prior to publication. | | | | |
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paten[.]

Golnik 1



| Section 1. | Identifying Information | | | | | |
|---|-------------------------|----------------------------------|--|--|--|--|
| 1. Given Name (First Name) Karl C. | | 2. Surname (Last Name) Golnik | 3. Date 11-April-2017 | | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Helena Prior Filipe | | | |
| 5. Manuscript Title Continuing professional development: p medical education | | progress beyond continui | ng | | | |
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