INDIVIDUAL CONFLICT OF INTEREST STATEMENT
American Association of Hip and Knee Surgeons
(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms).** All items require a response. If there is no relevant disclosure for a given item, enter "None."

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**Manuscript Title:** Adult Reconstruction Fellowship: What’s important to the Applicants?

1. **Royalties from a company or supplier** (The following conflicts were disclosed)
   
   None

2. **Speakers bureau/paid presentations for a company or supplier** (The following conflicts were disclosed)
   
   None

3A. **Paid employee for a company or supplier** (The following conflicts were disclosed)
   
   None

3B. **Paid consultant for a company or supplier** (The following conflicts were disclosed)
   
   None

3C. **Unpaid consultants for a company or supplier** (The following conflicts were disclosed)
   
   None

4. **Stock or stock options in a company or supplier** (The following conflicts were disclosed)
   
   None

5. **Research support from a company or supplier as a Principal Investigator** (The following conflicts were disclosed)
   
   None

6. **Other financial or material support from a company or supplier** (The following conflicts were disclosed)
   
   None

7. **Royalties, financial or material support from publishers** (The following conflicts were disclosed)
   
   None

8. **Medical/Orthopaedic publications editorial/governing board** (The following conflicts were disclosed)
   
   None

9. **Board member/committee appointments for a society** (The following conflicts were disclosed)
   
   None

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**Each author must sign AND print or type his/her name, date and submit a separate form**

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

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**Author Name (Print or Type)**

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**Author Signature**

3/8/2022

**Date**