

A	B	C
<p>Are you <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Are you a member of an undergraduate society (such as Phi Kappa Phi, Phi Kappa Phi Honor Society, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a member of an undergraduate society (such as Phi Kappa Phi Honor Society, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of clinical NM faculty members currently in your department who are:</p> <p>&lt; 10 years out of training <input type="text"/> (If none, please enter 0)</p> <p>10-20 years out of training <input type="text"/> (If none, please enter 0)</p> <p>&gt; 20 years out of training <input type="text"/> (If none, please enter 0)</p>	<p>Number of current NM clinical faculty certified:</p> <p>by ARRT <input type="text"/> (If none, please enter 0)</p> <p>by NRCAC <input type="text"/> (If none, please enter 0)</p> <p>by AAAS <input type="text"/> (If none, please enter 0)</p> <p>by other <input type="text"/> (If none, please enter 0)</p>
<p>Number of NM residents currently in your program (2018-2019) who are:</p> <p>male <input type="text"/> (If none, please enter 0)</p> <p>female <input type="text"/> (If none, please enter 0)</p> <p>other <input type="text"/> (If none, please enter 0)</p> <p>Are any of your current NM residents past or an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of current NM clinical faculty who are members of an undergraduate minority group:</p> <p>and male <input type="text"/> (If none, please enter 0)</p> <p>and female <input type="text"/> (If none, please enter 0)</p> <p>and other gender <input type="text"/> (If none, please enter 0)</p> <p>In your department, is there a member of an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of current NM clinical faculty who are members of an undergraduate minority group:</p> <p>and male <input type="text"/> (If none, please enter 0)</p> <p>and female <input type="text"/> (If none, please enter 0)</p> <p>and other gender <input type="text"/> (If none, please enter 0)</p> <p>In your department, is there a member of an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Number of your NM residents planning to become certified:</p> <p>by ARRT <input type="text"/> (If none, please enter 0)</p> <p>by AAAS <input type="text"/> (If none, please enter 0)</p> <p>by AAAS <input type="text"/> (If none, please enter 0)</p> <p>by other <input type="text"/> (If none, please enter 0)</p>	<p>Number of current NM clinical faculty who are members of an undergraduate minority group:</p> <p>and male <input type="text"/> (If none, please enter 0)</p> <p>and female <input type="text"/> (If none, please enter 0)</p> <p>and other gender <input type="text"/> (If none, please enter 0)</p> <p>In your department, is there a member of an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of current NM clinical faculty who are members of an undergraduate minority group:</p> <p>and male <input type="text"/> (If none, please enter 0)</p> <p>and female <input type="text"/> (If none, please enter 0)</p> <p>and other gender <input type="text"/> (If none, please enter 0)</p> <p>In your department, is there a member of an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Number of current NM residents who are (2) female (3) other <input type="text"/> (If none, please enter 0)</p>	<p>Number of current NM clinical faculty who are members of an undergraduate minority group:</p> <p>and male <input type="text"/> (If none, please enter 0)</p> <p>and female <input type="text"/> (If none, please enter 0)</p> <p>and other gender <input type="text"/> (If none, please enter 0)</p> <p>In your department, is there a member of an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of current NM clinical faculty who are members of an undergraduate minority group:</p> <p>and male <input type="text"/> (If none, please enter 0)</p> <p>and female <input type="text"/> (If none, please enter 0)</p> <p>and other gender <input type="text"/> (If none, please enter 0)</p> <p>In your department, is there a member of an underrepresented minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Supplemental Figure 1. Survey questions. (1A) Survey page 1. (1B) Survey page 2. (1C) Survey page 3.