



Rabex online Exam
Advanced Medical Publishing, USA

http://www.rabex.net
established 1995

Rabex 2018

Radiation & Cancer Biology Practice Examination

for Residents in Radiation Oncology

Editor-in-Chief: Marcelo Vazquez, MD, PhD

Radiation Medicine Department, Loma Linda University

The 2018 annual practice examination in Radiation and Cancer Biology has been created specifically to help residents in radiation oncology in preparation for their board exam. The exam consists of 200 questions in molecular/ mechanistic radiobiology; cellular radiobiology; tumor radiobiology; normal tissue radiobiology; and radiation risks and protection. It comprised of 31 subject categories based on the ABR guidelines. All sections are suitable for both therapy and diagnostic residents. Please visit the Rabex website for more detail. For additional inquiry email: Info@Rabex.net.

The total allowed exam time is 200 min.

The exam can be used as an aid to self-study, or a group of residents can take the exam on-line beginning June 1, 2018 - open ended.

http://www.Rabex.net

Please submit your registration form via email with required information to info@rabex.net while processing your payment. You also can sign up directly each individual resident online by creating a user name and password. RABEX will authorize the participants. The Login User Name and Password will be e-mailed to individual registrant automatically. The exam will be given only on-line. Please read the Form Submission Instruction, here:

To email the Form, click on File on Acrobat Reader, choose email or send file & send to: info@rabex.net

Features: 1) Real time scoring, 2) email score to program director, 3) Review the Questions & Answers using the same the same user ID & password, 4) Review the Questions & Answers right after the exam is finished, 5) Break down of Score by subject categories, & 6) Ranking Percentil.

No. of Rabex 2018 online exam @ \$275 : _____

1) Biological Models & their applications in Radiation Oncology @ \$55 : _____

For more detail about the items-1 please visit: www.Rabex.net

WI Residents add 5.5% sales tax: \$ _____

Total amt.: \$ _____

Please provide the name, email, & phone no. of the contact person filling the form or credit card provider:

Name: _____ e-mail: _____ phone: _____

Method of Payment :Purchase order No. ----- Check enclosed --- MasterCard --- Visa -----Discover ----AMEX

Card No.: _____ / _____ / _____ / _____ Exp. ____/____ Card holder's name: _____

Phone: _____ E-mail: _____

Mail, e-mail, fax, web-order to:

Advanced Medical Publishing, USA
PO Box 5046 • Madison, WI 53705

Phone: 608.833.2599

e-mail: info@rabex.net • Website: http://www.Rabex.net

All rights are reserved

Required Information for on-line Examination

website: www.Rabex.net email form to: info@rabex.net

Please provide the address, name, e-mail, phone no. of the **Program Director or the Proctor.**

Please check mark:

I am ----- an Individual ----- or a Resident or ----- a Program Director at: ----- Country of Origin
----- (Residency Program) University Medical School ----- (Residency Program) University Affiliated Medical School
----- Private Medical Institution ----- Private Practice Center/Clinic/Hospital ----- Radiation Biology
----- Biology ----- Basic Research Center/Department

Address:

Required information:

Residency Program Director: Name: _____ e-mail: _____ P: _____

Radiation Biologist / Instructor: Name: _____ e-mail: _____ P: _____

Residency Program Coordinator: Name: _____ e-mail: _____ P: _____

Department Chairman: Name: _____ e-mail: _____ P: _____

Please provide the name, e-mail, of each Resident:

Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____
Name: _____	e-mail: _____	Year in Residency: _____

