

2024



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## Radiation & Cancer Biology Practice Examination (*Rabex*)

*for Residents in Radiation Oncology*

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

*Siamak Shahabi, PhD, Chief-Technical Editor*

- The **2024** 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 covering all the 2019 ABR guidelines subject categories.
- The new 2019 ABR guidelines are outlined in [www.Rabex.net](http://www.Rabex.net)
- Please visit the Rabex website for more detail on Table of Contents, at [www.Rabex.net](http://www.Rabex.net)
- Each Exam is restricted to one resident.
- The total allowed exam time is 200 min.
- The exam opens on **June 1, 2024** - open ended.
- The institution should schedule the exam as suits their residents schedule.
- Resident and program director will receive a full score analysis.

### Features

- Real time scoring.
- Email score to program director.
- Review the *Questions and Answers using the same the same user ID and password.*
- Review the *Questions and Answers right after the exam is finished.*
- Ranking Percentile among the residents.
- Score break-down in all the subject categories
- Each Exam is restricted to one resident.
- The total allowed exam time is **200 min.**

### Registration Form Submission

Please submit the filled registration form via email with required information to [info@Rabex.net](mailto:info@Rabex.net).

The Login User Name and Password will be e-mailed to individual registrant automatically.



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----- Private Medical Institution ----- Private Practice Center/Clinic/Hospital ----- Radiation Biology  
----- Biology ----- Basic Research Center/Department

Institution Address: *Required*

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**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 each Resident's name, e-mail, & year in Residency:**

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