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Rabex 2014

Radiation & Cancer Biology Practice Examination

for Residents in Radiation Oncology

Editor-in-Chief: Marcelo Vazquez, MD, PhD
Radiation Medicine Department, Loma Linda University

The 2014 annual practice examination in Radiation and Cancer Biology has been created specifically to help residents in radiation oncology in preparation for their board exams. The exam consists of approximately 200 questions in molecular/mechanistic radio-biology; cellular radiobiology; tumor radiobiology; normal tissue radiobiology; and radiation risks and protection. All sections are suitable for both therapy and dagnostic residents. Two new sections have been added. Please visit the Rabex website for more detail.

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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 2014 - open ended. Please note in order to be included in national Ranking the exam must be completed by Augst 31.

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Please submit your registartion form via fax (608-833-2255) & also email your information to info@ rabex.net while processing your payment. You also can sign up directlty 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 fax (608.833.2255) & e-mail the online form information to: Info@rabex.net Features: 1) Real time scoring, 2) email score immediatelty to ptogram 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) percentil. No of Rabex 2014 online exam @ \$275: 1) A compilation of Radiaobiology Practice Examinations @ \$95: 2) Biological Models & their applications in Radiation Oncology @ \$55: For more detail about the items 1 & 2, 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: e-mail: _____ phone: __ Method of Payment :-----Purchase Order No#. -----Check enclosed -----MasterCard -----Discover-----AMEX Card No.: _____/__ Exp. ___/_ Card holder's name: _____

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