



**RESIDENT'S IN-TRAINING EVALUATION**  
**ARAB BOARD OF RADIOLOGY AND IMAGING**  
**Monthly Trainee Evaluation**

<b>Name:</b>	
<b>Registration No.:</b>	
<b>Year of Training:</b>	

<b>Training Center:</b>	
<b>Rotation:</b>	
<b>Date: From - To</b>	

**Please Fill in the fields below:**

Number of Cases	Type of Cases
<b>Trainer's Comments</b>	

<b>Trainee:</b>		<b>Signature:</b>	
<b>Trainer:</b>		<b>Signature:</b>	
<b>Program Director:</b>		<b>Signature:</b>	

<b>Date:</b>	
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