AOC HEALTH SERVICES PLANS, OPERATIONS, INTELLIGENCE (70H) COURSE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which role is responsible for surgical and definitive care in the Army medical treatment system?

A. Role 1

B. Role 4

C. Role 3

D. Role 2

2. What is considered Practiced: (P) collective task proficiency?

A. The unit has advanced task proficiency with no shortcomings.

B. The unit cannot perform the task.

C. The unit has no task proficiency.

D. The unit has attained basic task proficiency with shortcomings.

3. Which item is an output of Step 4 COA Analysis?

A. War-game results

B. Updated running estimates

C. Initial CCIRs and EEFIs

D. Revised planning guidance

4. What is the primary objective of Health Service Support planning in unified land operations?

A. To maximize casualty evacuation distance to increase medical oversight.

B. To integrate medical planning with operational plans to preserve force readiness by ensuring timely, appropriate care from point of injury to definitive treatment.

C. To minimize medical care to conserve resources.

D. To centralize all care at rear hospitals regardless of location.

5. Which item is an output of Step 2 Mission Analysis?

A. COA Statements and Sketches

B. Tentative task org

C. Problem Statement

D. Updated Assumptions

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6. Role of veterinary services in protecting deployed troops' health?

A. Monitor zoonotic diseases and ensure food safety.

B. Provide armor maintenance.

C. Manage communications networks.

D. Determine legal authority for deployment.

7. Which cycle is described as directed support taskings?

A. Red Cycle

B. Green Cycle

C. Amber Cycle

D. Blue Cycle

8. Define Force Health Protection risk management in the planning process.

A. The process of identifying health risks to soldiers, evaluating the risk, and implementing mitigations such as vaccines, prophylaxis, and preventive measures.

B. A method of distributing medical supplies to frontline units.

C. A system for recording medical treatment data.

D. An evacuation protocol for high-risk patients.

9. Which Warfighting Functions domain is focused on preventing detection and hazard effects to preserve combat power?

A. Intelligence

B. Fires

C. Sustainment

D. Protection

10. T&EO stands for which document?

A. Training and Evaluation Outline

B. Training and Evaluation Office

C. Training and Evaluation Operations

D. Training and Evaluation Outline

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Answers

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1. C
2. D
3. A
4. B
5. C
6. A
7. A
8. A
9. D
10. D

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Explanations

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1. Which role is responsible for surgical and definitive care in the Army medical treatment system?

A. Role 1

B. Role 4

C. Role 3

D. Role 2

The concept being tested is how battlefield medical care is organized into levels, with progressively greater capability, culminating in surgical and definitive treatment at the in-theater hospital level. This level is equipped to perform surgeries, provide anesthesia, manage trauma, and hold patients for definitive stabilization within the theater. It includes operating rooms, labs, imaging, and inpatient beds, enabling definitive treatment of injuries before or during evacuation. It isn't the earliest care focused on life-saving measures at the point of injury, nor the farthest level outside the theater that handles long-term, complex care. That combination makes the in-theater hospital the correct choice for surgical and definitive care in the Army medical system.

2. What is considered Practiced: (P) collective task proficiency?

A. The unit has advanced task proficiency with no shortcomings.

B. The unit cannot perform the task.

C. The unit has no task proficiency.

D. The unit has attained basic task proficiency with shortcomings.

Practiced means basic ability to perform the collective task, but with notable gaps or limitations. The unit can execute the task, yet not flawlessly or consistently under all conditions; there's room for improvement and refinement through additional practice and training. This fits the description of having some proficiency but not reaching full or advanced proficiency. It's not a case of being unable to perform, nor of achieving advanced, flawless performance, which would correspond to higher levels.

3. Which item is an output of Step 4 COA Analysis?

A. War-game results

B. Updated running estimates

C. Initial CCIRs and EEFIs

D. Revised planning guidance

Focusing COA Analysis on war-gaming to test how a proposed course of action would actually play out against adversary actions. The war-game results capture concrete outcomes: timing, sequencing, forces required, risks, decision points, and vulnerabilities revealed by the exercise. These results become the essential outputs you use to compare and refine each COA and to support selecting the best option moving forward. Initial CCIRs and EEFIs are defined earlier during Mission Analysis as decision-information requirements, not outputs of analyzing a COA. Updated running estimates and revised planning guidance come from ongoing assessment and refinement steps, not from the formal war-gaming results produced in COA Analysis.

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4. What is the primary objective of Health Service Support planning in unified land operations?

A. To maximize casualty evacuation distance to increase medical oversight.

B. To integrate medical planning with operational plans to preserve force readiness by ensuring timely, appropriate care from point of injury to definitive treatment.

C. To minimize medical care to conserve resources.

D. To centralize all care at rear hospitals regardless of location.

Health Service Support planning in unified land operations is about aligning medical resources and medical actions with the overall operation plan so that personnel receive timely, appropriate care from point of injury through definitive treatment, which preserves force readiness and supports the commander's intent. This approach is the best because it integrates medical planning with how the mission unfolds, ensuring that medical teams are available where and when they're needed, enabling the unit to maintain tempo and effectiveness. It emphasizes timely care, not just more care, and follows the patient along the care continuum from battlefield first aid, through evacuation, to definitive treatment. Carrying care only at rear locations or trying to minimize medical involvement would undermine readiness and the ability to sustain operations. Similarly, extending evacuation distances to maximize oversight would delay treatment and degrade mission capability. Centralizing all care at rear hospitals regardless of position would break the critical forward medical support that keeps casualties from deteriorating while still enabling rapid move to definitive care.

5. Which item is an output of Step 2 Mission Analysis?

A. COA Statements and Sketches

B. Tentative task org

C. Problem Statement

D. Updated Assumptions

Defining the problem to be solved is the central task of Step 2 Mission Analysis. The Problem Statement captures, in a concise form, what must be accomplished and why, given the mission, constraints, and risks. This single, clear articulation ensures everyone understands the exact issue to address and provides a consistent reference point for evaluating potential solutions. The rest of the planning work—developing and comparing courses of action and organizing tasks—depends on knowing precisely what problem you are trying to solve, so this statement serves as the primary output of mission analysis. Items like COA Statements and Sketches belong to the later COA Development stage when you outline and illustrate possible solutions; a tentative task organization shows how you might structure work rather than define the problem itself; updated assumptions are important inputs and can be revised as analysis deepens, but they don't define the problem on their own.

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6. Role of veterinary services in protecting deployed troops' health?

A. Monitor zoonotic diseases and ensure food safety.

B. Provide armor maintenance.

C. Manage communications networks.

D. Determine legal authority for deployment.

The key idea is that veterinary services protect troops' health by preventing diseases that can spread from animals to humans and by ensuring that food and water used by soldiers are safe. In deployed environments, this means monitoring for zoonotic diseases— illnesses that can jump from animals to people—through surveillance of animals, livestock, wildlife, and animal products. It also includes inspecting and certifying food supplies and ration programs, ensuring proper handling, storage, and hygiene to prevent foodborne illness, and safeguarding water quality and environmental sanitation. Together, these actions reduce disease risk and keep units ready for operations. Other functions like armor maintenance, managing communications networks, or determining legal authority for deployment fall outside this veterinary scope and belong to engineering, signal units, or legal/policy roles, respectively.

7. Which cycle is described as directed support taskings?

A. Red Cycle

B. Green Cycle

C. Amber Cycle

D. Blue Cycle

Directed support taskings come from higher authority with explicit instructions to perform specific tasks to support a mission. This requires clear objectives, tight coordination, and rapid execution under direct command. The cycle that embodies this top-down, urgent directive is the Red Cycle, which signals priority and immediate action driven by command intent. In practice, you'd see clear task assignments, deadlines, and mandated outcomes, with planning and resource allocation guided by the directing authority. The other cycles describe modes of support or planning that aren't driven by direct, top-down tasking, which is why they don't fit the description of directed support taskings.

8. Define Force Health Protection risk management in the planning process.

A. The process of identifying health risks to soldiers, evaluating the risk, and implementing mitigations such as vaccines, prophylaxis, and preventive measures.

B. A method of distributing medical supplies to frontline units.

C. A system for recording medical treatment data.

D. An evacuation protocol for high-risk patients.

In Force Health Protection planning, risk management focuses on proactively spotting health threats to the unit, assessing how serious and likely those threats are, and applying controls to reduce the risk. This means identifying health risks to soldiers, evaluating the risk, and implementing mitigations such as vaccines, prophylaxis, and preventive measures to keep the force ready and mission-capable. This approach is integrated into planning so health considerations guide decisions and resource use before problems occur. The other options describe specific tasks that are important in their own right but do not capture the planning-focused risk-management process. Distributing medical supplies is logistics, recording medical treatment data is medical documentation, and an evacuation protocol is about moving patients rather than managing health risk within planning.

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9. Which Warfighting Functions domain is focused on preventing detection and hazard effects to preserve combat power?

A. Intelligence

B. Fires

C. Sustainment

D. Protection

Protection focuses on keeping the force safe from threats and hazards so combat power isn't degraded. It covers measures that prevent the enemy from detecting where you are and reduce the impact of hazards on people, equipment, and information. Camouflage, concealment, deception, dispersion, survivability engineering, protective equipment, and risk management all play a part. By limiting visibility to adversaries and mitigating environmental, physical, and information hazards, a unit can continue to operate, maneuver, and sustain itself, which preserves combat power. The other domains serve different purposes—intelligence gathers and protects information, fires deliver effects on targets, and sustainment keeps supplies and maintenance flowing—whereas protection is specifically about reducing exposure and vulnerability to keep fighting effectively.

10. T&EO stands for which document?

A. Training and Evaluation Outline

B. Training and Evaluation Office

C. Training and Evaluation Operations

D. Training and Evaluation Outline

Training and Evaluation Outline provides the formal plan that guides how training is delivered and how performance is measured. This document spells out what tasks need to be learned, the specific conditions under which those tasks are performed, the standards or criteria for success, and the methods used to evaluate performance. By laying out these elements in a single framework, it ensures training is consistent and evaluations are objective for every trainee and evaluator involved. The word Outline signals that this is a structured plan or framework rather than a department, office, or an active set of operations. That's why this is the best choice—the other options describe organizational units or activities, not the document that defines training content and evaluation criteria.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://aoc70hcourse.examzify.com

We wish you the very best on your exam journey. You've got this!

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