# BOARD CERTIFIED STERILE COMPOUNDING PHARMACIST (BCSCP) PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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# Table of Contents


Copyright ..... 1

Table of Contents ..... 2

Introduction ..... 3

How to Use This Guide ..... 4

Questions ..... 5

Answers ..... 8

Explanations ..... 10

Next Steps ..... 15


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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. Where must water sources and drains be located relative to the C-PEC?**

A. Water sources and drains must be at least 1 meter away from C-PEC.

B. Water sources and drains must be located inside the C-PEC.

C. Water sources and drains must be 0.5 meters away from the C-PEC.

D. No distance requirement applies.

**2. In preps with volumes exceeding 5 mL, which additive is limited to a maximum of 0.2%?**

A. Sulfur dioxide or sulfite

B. Mercury and cationic surface-active agents

C. Chlorobutanol, cresol, phenol

D. Cresol

**3. Arsenic trioxide disposal category under RCRA?**

A. P-listed

B. U-listed

C. D-listed

D. F-listed

**4. Is medical surveillance of workers handling HDs mandatory under USP 800?**

A. Yes, it is mandatory.

B. No, medical surveillance is recommended but not required.

C. Only for workers with prior HD exposure.

D. Only for facilities that store HDs.

**5. Who does USP 800 apply to?**

A. All healthcare personnel who handle HD preps and all entities that store, prepare, transport or administer HDs.

B. Only pharmacists.

C. Only nurses.

D. Only hospital staff.

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**6. Gowns may be removed and retained in the compounding area and re-donned during the same work shift only if they are not visibly soiled.**

A. May be removed and retained in the compounding area if not visibly soiled to be re-donned during that same work shift

B. Must be discarded after each use

C. May be removed if visibly soiled

D. Must be changed at the end of the shift

**7. Which of the following is NOT listed as a cause of viable air sample failure?**

A. Temperature fluctuations in the room

B. HVAC systems

C. Damaged HEPA filters

D. Changes in personnel garbing or work practices

**8. The second USP Supplement was published in which month?**

A. February

B. June

C. December

D. August

**9. An OSHA PEL and an ACGIH TLV have been established for which HD?**

A. Soluble platinum salts

B. Cyclophosphamide

C. Methotrexate

D. Arsenic trioxide

**10. Which ISO class corresponds to ISO Class 100 (Class 100) for room air?**

A. ISO 6

B. ISO 7

C. ISO 5

D. ISO 4

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# Answers

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

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# Explanations

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## 1. Where must water sources and drains be located relative to the C-PEC?

A. Water sources and drains must be at least 1 meter away from C-PEC.

B. Water sources and drains must be located inside the C-PEC.

C. Water sources and drains must be 0.5 meters away from the C-PEC.

D. No distance requirement applies.

*The main idea here is protecting the sterile compounding space by keeping potential water sources away from the containment area. Water sources and drains can be routes for contamination: splashes, spills, or moisture can carry microbes and alter humidity, which can affect the sterile environment and the performance of the C-PEC's airflow. By maintaining a buffer of at least one meter, you create a safety zone that minimizes the chance that water-related events will reach or disrupt the C-PEC, reduce backflow or splash risk, and help preserve the cleanliness and directional airflow the containment area relies on. Putting water sources inside the C-PEC or too close (like half a meter) would increase the chance of moisture entering the sterile field or compromising the surrounding cleanroom conditions. No distance requirement would similarly remove that protective margin, raising contamination risk. Therefore, the established practice is to locate water sources and drains at least one meter away from the C-PEC.*

## 2. In preps with volumes exceeding 5 mL, which additive is limited to a maximum of 0.2%?

A. Sulfur dioxide or sulfite

B. Mercury and cationic surface-active agents

C. Chlorobutanol, cresol, phenol

D. Cresol

*When compounding sterile products, certain additives have concentration limits that depend on the volume of the preparation to protect patients from toxicity. For preparations larger than 5 mL, sulfur dioxide or sulfite is restricted to a maximum of 0.2% to minimize the risk of adverse reactions in sulfite-sensitive individuals and to limit total sulfite exposure as the volume grows. This specific 0.2% cap is the criterion that matches the scenario described. Other additives listed are governed by different safety considerations and limits, and they do not carry this same 0.2% threshold for volumes exceeding 5 mL, due to their own toxicity profiles or usage guidelines.*

## 3. Arsenic trioxide disposal category under RCRA?

A. P-listed

B. U-listed

C. D-listed

D. F-listed

*The main idea is how RCRA classifies discarded chemicals into lists that flag acute hazard versus other types of hazard. Arsenic trioxide is a highly toxic compound, and when it is discarded as waste, it falls into the P-listed category, which is specifically for acutely hazardous wastes. That's why arsenic trioxide waste is managed as a P-listed hazardous waste. The U-listed subset covers toxic wastes that aren't necessarily acutely hazardous, D-listed wastes are those that show a characteristic hazard (like ignitability, corrosivity, reactivity, or toxicity), and F-listed wastes are non-specific process wastes from manufacturing. So arsenic trioxide is designated P-listed due to its acute hazard.*

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**4. Is medical surveillance of workers handling HDs mandatory under USP 800?**

A. Yes, it is mandatory.

B. No, medical surveillance is recommended but not required.

C. Only for workers with prior HD exposure.

D. Only for facilities that store HDs.

*Medical surveillance is a recommended component of an HD safety program, not a blanket mandate under USP <800>. The standard emphasizes preventing exposure through engineering and administrative controls and appropriate PPE, with medical surveillance included as a supportive measure to monitor health effects if exposure occurs and to catch issues early. Whether and how to implement baseline and periodic evaluations is determined by risk assessment, exposure potential, and regulatory guidance, not by a universal requirement for all workers. That's why the best choice is that medical surveillance is recommended but not required. The other options imply universal mandates or narrow applicability (only for those with prior exposure or only for facilities that store HDs), which USP <800> does not specify.*

**5. Who does USP 800 apply to?**

A. All healthcare personnel who handle HD preps and all entities that store, prepare, transport or administer HDs.

B. Only pharmacists.

C. Only nurses.

D. Only hospital staff.

*USP 800 is about protecting workers from exposure to hazardous drugs by defining who must follow its requirements. It applies to anyone in a healthcare setting who handles hazardous drugs—this includes preparing, compounding, packaging, labeling, dispensing, administering, or transporting HDs, as well as the surfaces and equipment that come into contact with them. It also extends to the entities themselves that store, transport, or administer HDs, such as hospitals, clinics, infusion centers, community pharmacies, and even contractors or vendors who handle HDs in the healthcare environment. So it's not limited to a single role; it covers all relevant personnel and organizations involved with HD handling.*

**6. Gowns may be removed and retained in the compounding area and re-donned during the same work shift only if they are not visibly soiled.**

A. May be removed and retained in the compounding area if not visibly soiled to be re-donned during that same work shift

B. Must be discarded after each use

C. May be removed if visibly soiled

D. Must be changed at the end of the shift

*Gowns are part of the sterile barrier used in the compounding area to protect the aseptic field. They may be removed and kept in the compounding area, then re-donned later in the same work shift, as long as the gown remains not visibly soiled. This approach helps conserve supplies and maintain barrier integrity without increasing contamination risk. If a gown becomes visibly soiled or contaminated, it must be discarded and replaced to prevent introducing contaminants into the sterile area. While changing gowns at the end of a shift is common, the important rule is that a clean gown can be reused within the same shift if it is not visibly soiled.*

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## 7. Which of the following is NOT listed as a cause of viable air sample failure?

A. Temperature fluctuations in the room

B. HVAC systems

C. Damaged HEPA filters

D. Changes in personnel garbing or work practices

*Viable air sampling looks for live microorganisms in the air, so the factors that most directly cause a failure are those that change the ability of microbes to enter or persist in the clean environment. A healthy HVAC system maintains proper air changes and pressure to limit contamination; damaged HEPA filters allow microorganisms to pass through the filtration barrier; and changes in personnel garbing or work practices can introduce microbes or disrupt aseptic technique. Temperature fluctuations in the room, while important for comfort and product stability, are not typically cited as a direct cause of viable air sample failure, since small or within-range temperature changes do not by themselves increase the presence of live microbes detected by the test.*

## 8. The second USP Supplement was published in which month?

A. February

B. June

C. December

D. August

*Publication timing at USP follows a semiannual cycle: a first supplement is released in February and a second in June. This schedule updates the USP–NF with new or revised entries between annual editions. Therefore, the second supplement is published in June.*

## 9. An OSHA PEL and an ACGIH TLV have been established for which HD?

A. Soluble platinum salts

B. Cyclophosphamide

C. Methotrexate

D. Arsenic trioxide

*Understanding exposure limits helps explain why this option is the best choice. An OSHA PEL is a legally enforceable limit for the amount of a hazardous substance that can be present in workplace air, and an ACGIH TLV is a widely used, though advisory, exposure guideline. Among the listed hazardous drugs, only soluble platinum salts have both an established OSHA PEL and an ACGIH TLV. That combination provides concrete, trackable targets for air concentrations and drives specific safety controls—engineering controls, work practices, and monitoring plans—during handling and preparation to keep exposures within those defined limits. The other drugs are managed with general cytotoxic handling guidelines and institutional policies rather than a formal, paired PEL/TLV value published by OSHA and ACGIH, so they don't offer the same explicit numeric exposure targets.*

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## 10. Which ISO class corresponds to ISO Class 100 (Class 100) for room air?

A. ISO 6

B. ISO 7

C. ISO 5

D. ISO 4

*Air cleanliness classifications are matched between the old USP/Class 100 terminology and the ISO 14644 series. The designation Class 100 corresponds to ISO 5. That means the air in a Class 100 room meets the ISO 5 limits for particle counts at the required sizes. The other ISO levels describe different cleanliness levels (for example, ISO 7 and ISO 8 refer to less clean air, while ISO 4 is cleaner than ISO 5), so they do not correspond to Class 100.*

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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://bcscp.examzify.com

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

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