NCCPA RECERTIFICATION PRACTICE EXAM (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. In a Colles fracture, what type of angulation is typically seen?

A. Volar angulation

B. Dorsal angulation

C. Radial angulation

D. Ulnar angulation

2. Which of the following is a diagnostic criterion for Bipolar II disorder?

A. At least one major depressive episode

B. One or more hypomanic episodes

C. Both A and B

D. At least one manic episode

3. What complication can arise from untreated Giant cell arteritis?

A. Cardiac failure

B. Blindness

C. Stroke

D. Renal failure

4. In individuals with Addison's disease, what is often seen in their plasma cortisol levels?

A. Increased levels at all times

B. Decreased levels

C. Constantly normal levels

D. Fluctuating high levels

5. What is the genetic basis of Hemophilia A?

A. Autosomal dominant

B. Autosomal recessive

C. X-linked recessive

D. Multifactorial

6. Where is the most common site for anterior nosebleeds located?

A. Septal cartilage

B. Kiesselbach plexus

C. Posterior nasal cavity

D. Sphenoid sinus

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7. What are common side effects of hydrochlorothiazide (HCTZ)?

A. Low uric acid levels

B. Elevated glucose and elevated lipids

C. Hypokalemia

D. Increased renal function

8. What laboratory finding is very elevated in patients with Polymyalgia rheumatica?

A. Low ESR

B. Very elevated ESR

C. Normal CRP

D. High platelet count

9. What modality is used to evaluate for more aneurysms in a patient with subarachnoid hemorrhage?

A. MRI

B. Cerebral angiography

C. CT scan

D. X-ray

10. What is the diagnostic study of choice for confirming meningitis?

A. CT scan

B. Lumbar puncture

C. MRI

D. Blood cultures

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Answers

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

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Explanations

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1. In a Colles fracture, what type of angulation is typically seen?

A. Volar angulation

B. Dorsal angulation

C. Radial angulation

D. Ulnar angulation

A Colles fracture is a specific type of distal radius fracture that usually occurs from a fall onto an outstretched hand. The hallmark feature of a Colles fracture is the dorsal angulation of the distal fragment. This angulation means that the fractured end of the radius tilts or points towards the dorsal side (the back of the hand), resulting in a characteristic "dinner fork" or "bayonet" appearance of the wrist. Understanding that the fracture typically occurs when a person falls and extends their arm forward, the natural response is to brace oneself with the palm down, which results in this specific angulation pattern if a fracture occurs. Dorsal angulation is one of the primary diagnostic findings in these cases, and recognizing this feature is essential for proper diagnosis and treatment of the fracture.

2. Which of the following is a diagnostic criterion for Bipolar II disorder?

A. At least one major depressive episode

B. One or more hypomanic episodes

C. Both A and B

D. At least one manic episode

For a diagnosis of Bipolar II disorder, a person must experience at least one major depressive episode alongside one or more hypomanic episodes. The major depressive episode is characterized by symptoms such as significant sadness, loss of interest, and changes in appetite or sleep patterns, while hypomanic episodes involve a period of elevated mood, increased energy, and activity levels, but not to the full extent of a manic episode seen in Bipolar I disorder. Thus, the correct answer reflects the requirement that both criteria must be met: the presence of at least one major depressive episode and one or more hypomanic episodes. This combination distinguishes Bipolar II disorder from other mood disorders and different forms of bipolar disorder, where manic episodes may be present. In summary, having both a major depressive episode and hypomanic episodes is essential for the diagnosis of Bipolar II disorder.

3. What complication can arise from untreated Giant cell arteritis?

A. Cardiac failure

B. Blindness

C. Stroke

D. Renal failure

Giant cell arteritis, also known as temporal arteritis, is a large vessel vasculitis that primarily affects the cranial arteries. One of the most serious complications of untreated giant cell arteritis is permanent vision loss or blindness. This occurs due to ischemia of the optic nerve, which can be caused by inflammation and damage to the blood vessels supplying the optic nerve. Delay in treatment, particularly with corticosteroids, can result in irreversible damage to the visual pathways, highlighting the importance of early diagnosis and management. While other complications like stroke or cardiac failure can occur in certain settings, they are not directly linked as complications of giant cell arteritis itself in the way that visual impairment is. The predominant risk tied to untreated giant cell arteritis is indeed the potential for blindness, making it critical for healthcare providers to recognize and treat the condition promptly to prevent this devastating outcome.

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4. In individuals with Addison's disease, what is often seen in their plasma cortisol levels?

A. Increased levels at all times

B. Decreased levels

C. Constantly normal levels

D. Fluctuating high levels

In individuals with Addison's disease, decreased levels of plasma cortisol are a hallmark feature of the condition. This disorder is characterized by the adrenal glands' inability to produce sufficient amounts of cortisol due to damage or dysfunction, often stemming from autoimmune processes, infections, or other underlying health issues. Cortisol is a critical hormone involved in regulating various bodily functions, including metabolism, immune response, and stress response. When the adrenal glands are insufficiently secreting cortisol, it leads to a state of adrenal insufficiency, which manifests in both laboratory findings of low plasma cortisol levels and clinical symptoms such as fatigue, weight loss, low blood pressure, and hyperpigmentation of the skin. In Addison's disease, the lack of cortisol can be confirmed through adrenal function testing, particularly the ACTH stimulation test, which typically yields low cortisol levels despite elevated adrenocorticotropic hormone (ACTH). Understanding this physiological basis is essential for recognizing Addison's disease and its implications on patient health.

5. What is the genetic basis of Hemophilia A?

A. Autosomal dominant

B. Autosomal recessive

C. X-linked recessive

D. Multifactorial

Hemophilia A is a genetic disorder characterized by a deficiency in clotting factor VIII, which is essential for proper blood coagulation. The underlying genetic basis of Hemophilia A is primarily due to mutations in the F8 gene located on the X chromosome. Since males have one X and one Y chromosome, a mutation in their single X chromosome will result in the manifestation of the disease. Females have two X chromosomes, so a mutation must be present in both for the disease to manifest, which is why females are often carriers and may present with milder symptoms. The classification of Hemophilia A as an X-linked recessive disorder explains its epidemiology. It is more common in males than females due to the way X-linked inheritance operates. If a male inherits the mutated X chromosome, he will express the condition. In contrast, a female would require two mutated copies of the gene to develop Hemophilia A, which is much less likely, thus leading to a higher prevalence in males. This mode of inheritance is crucial for understanding the genetic counseling and risk assessment for families affected by Hemophilia A, as the pattern of inheritance can influence the likelihood of passing the disorder to offspring and informs management and treatment options.

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6. Where is the most common site for anterior nosebleeds located?

A. Septal cartilage

B. Kiesselbach plexus

C. Posterior nasal cavity

D. Sphenoid sinus

The most common site for anterior nosebleeds is the Kiesselbach plexus, which is an area in the anterior part of the nasal septum where several blood vessels converge. This rich vascular network is particularly susceptible to trauma, dryness, and other irritants, making it the primary location for the occurrence of anterior epistaxis, or nosebleeds. In many cases, factors such as seasonal allergies, physical injury, or environmental conditions can irritate the nasal lining and lead to bleeding from this region. Understanding that the Kiesselbach plexus is pivotal in the context of anterior nosebleeds helps in both the diagnosis and treatment of the condition by allowing practitioners to target their management strategies more effectively.

7. What are common side effects of hydrochlorothiazide (HCTZ)?

A. Low uric acid levels

B. Elevated glucose and elevated lipids

C. Hypokalemia

D. Increased renal function

Hydrochlorothiazide (HCTZ) is a thiazide diuretic commonly used to manage hypertension and edema. One of the well-documented side effects of HCTZ is the potential for metabolic changes, including elevated glucose levels and elevated lipids. This can occur due to the medication's impact on insulin sensitivity and lipid metabolism. As a result, patients on HCTZ may experience increases in blood glucose and lipid levels over time, which are important considerations in managing patients with or at risk for metabolic syndrome or diabetes. In contrast, common side effects of diuretics like HCTZ typically also include electrolyte imbalances, such as hypokalemia—which represents one of the concerns with this medication. However, in this case, the focus is on metabolic effects, particularly those related to glucose and lipid levels, making the choice of elevated glucose and elevated lipids a significant and clinically relevant side effect of hydrochlorothiazide.

8. What laboratory finding is very elevated in patients with Polymyalgia rheumatica?

A. Low ESR

B. Very elevated ESR

C. Normal CRP

D. High platelet count

In patients with Polymyalgia Rheumatica, a very elevated erythrocyte sedimentation rate (ESR) is commonly observed. This finding is significant as it indicates the presence of systemic inflammation, which is characteristic of the condition. Polymyalgia Rheumatica primarily affects older adults and presents with symptoms such as muscle pain and stiffness, particularly in the shoulders and hips. The elevation in ESR is due to the inflammatory processes occurring in the body; it reflects the activity of the disease rather than being a specific marker for it. A high ESR suggests ongoing inflammation and helps differentiate Polymyalgia Rheumatica from other conditions that may present with similar symptoms. While other laboratory markers, such as CRP, may also be elevated in the context of inflammation, the ESR is particularly noted for its elevation in this condition. Hence, recognizing a very elevated ESR in these patients serves as an important diagnostic tool in confirming the presence of Polymyalgia Rheumatica.

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9. What modality is used to evaluate for more aneurysms in a patient with subarachnoid hemorrhage?

A. MRI

B. Cerebral angiography

C. CT scan

D. X-ray

Cerebral angiography is the preferred modality for evaluating more aneurysms in a patient who has experienced a subarachnoid hemorrhage. This imaging technique involves inserting a catheter into the blood vessels to visualize the arteries in the brain using contrast dye. It provides detailed images that can reveal not only the presence of any existing aneurysms but also other vascular abnormalities that may not be as clearly visible on other imaging modalities. In the context of subarachnoid hemorrhage, it is critical to assess for the potential presence of multiple aneurysms, especially since the rupture of these aneurysms is a common cause of such hemorrhages. Cerebral angiography is highly sensitive and specific for identifying vascular issues, making it the gold standard for this evaluation. While MRI can provide valuable information about brain tissue and structural changes, it is not typically used as the first-line imaging study for detecting cerebral aneurysms after a subarachnoid hemorrhage. CT scans are useful for quickly identifying hemorrhage and other acute changes but are less effective in detecting aneurysms compared to cerebral angiography. X-rays provide minimal information about cerebral blood vessels and would not be suitable for this assessment.

10. What is the diagnostic study of choice for confirming meningitis?

A. CT scan

B. Lumbar puncture

C. MRI

D. Blood cultures

The diagnostic study of choice for confirming meningitis is a lumbar puncture. This procedure involves the insertion of a needle into the spinal canal to collect cerebrospinal fluid (CSF). Analyzing the CSF is crucial for diagnosing meningitis, as it allows healthcare providers to assess various parameters, including white blood cell counts, glucose levels, protein concentrations, and the presence of bacteria or viruses. This analysis can differentiate between types of meningitis, such as bacterial, viral, or fungal, based on the characteristics of the CSF. For instance, bacterial meningitis typically presents with a high white blood cell count, predominantly neutrophils, elevated protein levels, and low glucose concentrations compared to blood glucose. In contrast, viral meningitis often shows a lymphocytic predominance with normal glucose levels. Other imaging studies, such as CT scans or MRIs, may be used to rule out other complications or conditions affecting the brain, but they do not provide direct evidence of meningitis. Blood cultures can help identify systemic infections but do not specifically confirm the presence of meningitis. Therefore, the lumbar puncture is the definitive test for diagnosing this condition.

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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:

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

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