

ACUTE CARE NURSE PRACTITIONER CERTIFICATION PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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.

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!

Questions

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- 1. What type of spores does anthrax produce?**
 - A. Fungal spores
 - B. Viral spores
 - C. Bacterial spores
 - D. Parasitic spores

- 2. When is chorionic villus sampling (CVS) typically performed during pregnancy?**
 - A. First trimester
 - B. Second trimester
 - C. Third trimester
 - D. At childbirth

- 3. At what gestational age is the fundus typically palpable at the level of the umbilicus?**
 - A. 16 weeks
 - B. 20 weeks
 - C. 24 weeks
 - D. 28 weeks

- 4. What is actinic keratosis primarily associated with?**
 - A. Viral infections
 - B. Chronic sun exposure
 - C. Fungal infections
 - D. Genetic factors

- 5. What does natural family planning primarily involve?**
 - A. Complete abstinence
 - B. Planned abstinence during fertility period
 - C. Contraceptive use every cycle
 - D. Hormonal treatments

- 6. What is a condition in which the sponge is contraindicated?**
- A. Allergy to latex
 - B. Allergy to spermicides
 - C. Pregnancy
 - D. Uncontrolled diabetes
- 7. What is a key indicator of malignant melanoma?**
- A. Rapid growth over weeks
 - B. High mortality rate compared to other skin cancers
 - C. Presence of clear, defined edges
 - D. Soft, mobile nodules
- 8. Which population should avoid using the patch due to increased cardiovascular risks?**
- A. Women under 25
 - B. Women over 35
 - C. Pregnant women
 - D. Women with no history of smoking
- 9. What type of warts are characterized by a rough surface and can be painful?**
- A. Flat warts
 - B. Plantar warts
 - C. Filiform warts
 - D. Common warts
- 10. What is the primary characteristic of pityriasis rosea?**
- A. Presence of a herald patch
 - B. Raised red lesions on palms
 - C. Severe facial swelling
 - D. Persistent muscle pain

Answers

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

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Explanations

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1. What type of spores does anthrax produce?

- A. Fungal spores
- B. Viral spores
- C. Bacterial spores**
- D. Parasitic spores

Anthrax is caused by the bacterium *Bacillus anthracis*, which is known for producing bacterial spores. These spores are highly resilient and can survive in harsh environmental conditions for extended periods, making them a key factor in the transmission and persistence of anthrax in the environment. The spores can enter the body through various routes, including inhalation, ingestion, or through breaks in the skin, leading to infection. Bacterial spores, like those formed by *Bacillus anthracis*, are distinct from other types of spores. Fungal spores, for instance, are produced by fungi and are involved in reproduction and dispersal. Viral spores are not a recognized category, as viruses reproduce by hijacking host cells, and parasitic spores pertain to the lifecycle of certain parasites that have different modes of action than bacterial spores. Understanding that *Bacillus anthracis* produces bacterial spores is crucial for grasping the mechanisms of anthrax transmission, prevention, and treatment. This knowledge is particularly important for healthcare professionals, especially those working in acute care settings where they may encounter patients with possible exposure to this pathogen.

2. When is chorionic villus sampling (CVS) typically performed during pregnancy?

- A. First trimester**
- B. Second trimester
- C. Third trimester
- D. At childbirth

Chorionic villus sampling (CVS) is typically performed during the first trimester of pregnancy, specifically between 10 and 13 weeks of gestation. This procedure involves taking a small sample of trophoblastic tissue, which is part of the placenta, for genetic testing. Performing CVS in the first trimester allows for earlier detection of chromosomal abnormalities, such as Down syndrome, compared to amniocentesis, which is often conducted later in pregnancy. Early testing is important for expectant parents as it provides the opportunity to make informed decisions about the pregnancy based on the results. The timing of CVS is critical; procedures conducted during the second or third trimester are not standard practice for this specific test. Waiting until childbirth is not feasible for CVS, as the procedure needs to be done while the pregnancy is ongoing to analyze the genetic material and provide relevant information. Thus, first-trimester availability and the urgency of early genetic information underscore why this timing is selected for chorionic villus sampling.

3. At what gestational age is the fundus typically palpable at the level of the umbilicus?

- A. 16 weeks
- B. 20 weeks**
- C. 24 weeks
- D. 28 weeks

The fundus of the uterus typically reaches the level of the umbilicus around 20 weeks of gestation. This correlates with the growth and development of the fetus, which leads to an increase in the size of the uterus. At this stage of pregnancy, the fundus is well-elevated above the pelvic brim and can be palpated at the level of the umbilicus during a physical examination. This is a key milestone in pregnancy monitoring, as the height of the fundus is used to assess fetal growth and the progress of the pregnancy. The timing is important, as earlier than 20 weeks, the fundus is generally positioned lower in the pelvis and is not reliably palpable at the level of the umbilicus. After 20 weeks, the uterus continues to grow and the fundus rises further, but the reference for palpability at the level of the umbilicus is specifically associated with the 20-week mark.

4. What is actinic keratosis primarily associated with?

- A. Viral infections
- B. Chronic sun exposure**
- C. Fungal infections
- D. Genetic factors

Actinic keratosis is primarily associated with chronic sun exposure. This skin condition arises due to damage from ultraviolet (UV) radiation, primarily from long-term exposure to sunlight. The continuous exposure leads to changes in the skin cells, resulting in the formation of rough, scaly patches that can vary in color. Individuals who spend significant time outdoors without proper sun protection are at a higher risk. Although other factors like genetic predispositions or certain skin types can influence the likelihood of developing actinic keratosis, the most direct and significant cause remains chronic UV exposure. This understanding helps in preventive care strategies, emphasizing the importance of sun protection measures to reduce the risk of both actinic keratosis and skin cancer. The other options, while they can influence skin health, do not specifically correlate with the formation of actinic keratosis in the same manner as UV exposure.

5. What does natural family planning primarily involve?

- A. Complete abstinence
- B. Planned abstinence during fertility period**
- C. Contraceptive use every cycle
- D. Hormonal treatments

Natural family planning primarily involves monitoring specific signs of fertility to determine when a woman is most likely to conceive, allowing couples to plan for or avoid pregnancy. This approach requires couples to abstain from sexual intercourse only during the woman's fertile period, which typically spans several days each cycle. By accurately tracking fertility signals like basal body temperature, cervical mucus changes, and calendar methods, couples make informed decisions about when to engage in intercourse. This method does not entail complete abstinence throughout the entire cycle, hormonal treatments, or the use of contraceptives, as those approaches embody different family planning strategies. Therefore, the response highlights the core principle of natural family planning: planned abstinence during the recognized fertile window in order to effectively manage chances of pregnancy.

6. What is a condition in which the sponge is contraindicated?

- A. Allergy to latex
- B. Allergy to spermicides**
- C. Pregnancy
- D. Uncontrolled diabetes

The sponge, specifically referring to the contraceptive sponge, is designed to act as both a barrier and to deliver spermicide to help prevent pregnancy. In the context of this question, the most relevant contraindication is an allergy to spermicides. When a person has an allergy to spermicides, using the contraceptive sponge could lead to an allergic reaction, which can cause irritation, discomfort, or potentially more severe allergic symptoms. Using the sponge in such a situation would pose a risk to the individual's health, making it contraindicated. Other considerations such as an allergy to latex, pregnancy, or uncontrolled diabetes, while important in various health contexts, do not specifically contraindicate the use of the sponge. An allergy to latex may be relevant if the sponge contains any latex components, but most sponges are now made hypoallergenic or latex-free. Pregnancy is a condition where contraception is no longer needed, but it does not contraindicate use; instead, it renders the product unnecessary. Uncontrolled diabetes doesn't have a direct interaction with the sponge unless there are other underlying health issues that might complicate its use. Therefore, the most precise contraindication is indeed related to an allergy to spermicides.

7. What is a key indicator of malignant melanoma?

- A. Rapid growth over weeks
- B. High mortality rate compared to other skin cancers**
- C. Presence of clear, defined edges
- D. Soft, mobile nodules

A high mortality rate compared to other skin cancers is indeed a key indicator of malignant melanoma. This type of skin cancer has been associated with a higher likelihood of metastasis (spread to other parts of the body) compared to non-melanoma skin cancers such as basal cell carcinoma and squamous cell carcinoma. The aggressive nature of malignant melanoma and its potential to progress rapidly can lead to poorer outcomes, making awareness of its higher mortality risk crucial for early detection and treatment. In contrast, rapid growth over weeks might be observed in some cases but is not universally applicable as an indicator, as some melanomas can take longer to develop. The presence of clear, defined edges and soft, mobile nodules are generally characteristics associated with benign lesions, not melanoma. Identifying the unique traits and behaviors of malignant melanoma helps healthcare professionals to prioritize assessments and interventions, ultimately improving patient prognosis.

8. Which population should avoid using the patch due to increased cardiovascular risks?

- A. Women under 25
- B. Women over 35**
- C. Pregnant women
- D. Women with no history of smoking

The correct response highlights the importance of considering age and cardiovascular risks associated with hormonal contraception methods like the patch. Women over 35 are at an increased risk for cardiovascular events, such as thromboembolism, especially if they smoke or have other comorbidities. This age group is more susceptible to the side effects of estrogen, which is often found in contraceptive patches. In contrast, younger women, including those under 25, do not generally face the same level of risk and may use hormonal contraception safely. Pregnant women should avoid the patch altogether, but the primary concern in the given question is the age-related risk. Women with no history of smoking are generally considered to have a lower risk of these cardiovascular events when using hormonal contraception. Therefore, the focus on women over 35 emphasizes the need for careful assessment of cardiovascular health in this demographic before initiating the patch.

9. What type of warts are characterized by a rough surface and can be painful?

- A. Flat warts
- B. Plantar warts**
- C. Filiform warts
- D. Common warts

Plantar warts are identified by their rough surface and can be painful, particularly when subjected to pressure or friction, such as during walking or standing. These warts are typically located on the soles of the feet and can appear somewhat flattened due to the pressure from weight-bearing activities. They are caused by the human papillomavirus (HPV), which infects the skin and leads to the abnormal growth of cells in the outer layer. In contrast, flat warts are generally smooth and appear on flat areas of the skin, such as the face, and are less likely to be painful since they do not have a rough surface or prominent elevation. Filiform warts present as long, thin growths often found around the face and neck; these also do not have the rough and painful characteristics associated with plantar warts. Common warts, while they can be rough in texture, are typically found on the hands and do not usually cause pain unless located in an area where pressure is applied. The distinct features of plantar warts among the types of warts highlight their unique presentation, making them the correct choice in this scenario.

10. What is the primary characteristic of pityriasis rosea?

- A. Presence of a herald patch**
- B. Raised red lesions on palms
- C. Severe facial swelling
- D. Persistent muscle pain

Pityriasis rosea is primarily characterized by the presence of a herald patch. This initial lesion appears as a solitary, round or oval, pink or salmon-colored patch on the trunk or proximal extremities and typically precedes the more widespread rash that follows. The herald patch is often the first sign of the condition and is significant because it helps in the clinical diagnosis of pityriasis rosea. While raised red lesions on the palms, severe facial swelling, and persistent muscle pain may suggest other dermatological or systemic conditions, they are not characteristic features of pityriasis rosea. The hallmark of this condition is indeed the herald patch, which is followed by a pattern of smaller lesions that often have a distinctive "Christmas tree" distribution on the back. Understanding this primary characteristic is crucial for making an accurate diagnosis and differentiating pityriasis rosea from other similar skin conditions.

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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://acutecarenursepractitioner.examzify.com>

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

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