

# ANCC Family Nurse Practitioner Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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.

# 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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**

- 1. Which symptom is NOT typically associated with a medial collateral ligament (MCL) injury?**
  - A. Swelling**
  - B. Pain**
  - C. Skin rash**
  - D. Stiffness**
- 2. What is the primary symptom of subconjunctival hemorrhage?**
  - A. A bright red patch in the eye**
  - B. Persistent pain in the eye**
  - C. Loss of vision**
  - D. Increased eye pressure**
- 3. Which seizure type is associated with rhythmic jerking movements?**
  - A. Partial seizure**
  - B. Clonic seizure**
  - C. Tonic seizure**
  - D. Absence seizure**
- 4. Which group typically does not respond to amoxicillin due to rash?**
  - A. Asthmatic patients**
  - B. Diabetic patients**
  - C. Patients with mononucleosis**
  - D. Patients with strep throat**
- 5. What is a significant symptom suggesting epiglottitis in a patient?**
  - A. Fever**
  - B. Drooling**
  - C. Cough**
  - D. Fatigue**



- 6. What does the term “resolved infection” indicate in hepatitis B serology?**
- A. Positive HBsAg**
  - B. Negative Anti-HBs**
  - C. Positive Anti-HBc**
  - D. Negative HBsAg**
- 7. What medication is associated with increased risk of pancreatitis due to its effect on triglycerides?**
- A. Statins**
  - B. Thiazides**
  - C. Beta-blockers**
  - D. Fibrates**
- 8. What is the preferred first-line treatment for swimmer’s ear?**
- A. Ciprofloxacin**
  - B. Amoxicillin**
  - C. Azithromycin**
  - D. Clarithromycin**
- 9. Which headache type is most commonly associated with stress?**
- A. Cluster headache**
  - B. Tension headache**
  - C. Sinus headache**
  - D. Migraine headache**
- 10. Which of the following is characteristic of a grade II ankle sprain?**
- A. Severe swelling and complete loss of function**
  - B. Mild tenderness with slight functional loss**
  - C. Moderate pain, swelling, and some loss of function**
  - D. No swelling and no pain during weight-bearing**

## **Answers**

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

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## **Explanations**

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**1. Which symptom is NOT typically associated with a medial collateral ligament (MCL) injury?**

- A. Swelling**
- B. Pain**
- C. Skin rash**
- D. Stiffness**

The symptom of a skin rash is not typically associated with a medial collateral ligament (MCL) injury. MCL injuries often occur due to trauma or stress on the knee, leading to specific physical signs and symptoms related to the injury itself. Commonly seen symptoms include swelling, pain, and stiffness around the knee, as these are direct results of damage to the ligament and the surrounding tissues. Swelling arises from inflammation and fluid accumulation in response to the injury. Pain is directly linked to the injury and occurs when the ligament is stressed or damaged. Stiffness often develops as the body protects the injured area and can be exacerbated by swelling and inflammation. In contrast, a skin rash indicates a different underlying issue, such as an allergic reaction, infection, or dermatological condition, which does not relate to the structural injury of the MCL. Thus, a skin rash is not a symptom associated with an MCL injury.

**2. What is the primary symptom of subconjunctival hemorrhage?**

- A. A bright red patch in the eye**
- B. Persistent pain in the eye**
- C. Loss of vision**
- D. Increased eye pressure**

The primary symptom of subconjunctival hemorrhage is a bright red patch in the eye. This occurs when small blood vessels break just under the conjunctiva (the clear surface of the eye), causing blood to accumulate in that area. The result is typically a well-defined, bright red area that is easily visible and can be alarming for patients, but it is often harmless and usually resolves on its own. Persistent pain, loss of vision, and increased eye pressure are not characteristic of subconjunctival hemorrhage. In most cases, patients do not experience any pain because the conjunctiva itself does not have pain receptors. Similarly, loss of vision and increased eye pressure would suggest other ocular conditions that require different assessments and interventions, such as glaucoma or retinal detachment, rather than a benign subconjunctival bleed. Thus, the bright red patch is the definitive and hallmark symptom of this condition.

**3. Which seizure type is associated with rhythmic jerking movements?**

**A. Partial seizure**

**B. Clonic seizure**

**C. Tonic seizure**

**D. Absence seizure**

Clonic seizures are characterized by rhythmic jerking movements, which is why this is the correct answer. During a clonic seizure, the individual experiences a series of rapid, rhythmic contractions and relaxations of the muscles, leading to the distinct jerking motions. This type of seizure can involve the whole body (generalized clonic seizures) or be localized to specific muscle groups (focal clonic seizures). In contrast, partial seizures primarily involve limited areas of the brain and can present with varied symptoms, including motor or sensory changes that may not necessarily include jerking movements. Tonic seizures involve stiffening of the muscles rather than rhythmic movement, leading to rigidity rather than jerking. Absence seizures, which are characterized by episodes of staring or brief lapses in awareness, do not involve any movements, rhythmic or otherwise. Understanding these distinctions highlights why clonic seizures, with their identifying rhythmic jerking, stand apart from the other types.

**4. Which group typically does not respond to amoxicillin due to rash?**

**A. Asthmatic patients**

**B. Diabetic patients**

**C. Patients with mononucleosis**

**D. Patients with strep throat**

Patients with mononucleosis often develop a rash when treated with amoxicillin, which is a characteristic response observed in this demographic. This occurs primarily due to the presence of Epstein-Barr virus (EBV), which causes mononucleosis, triggering hypersensitivity reactions when exposed to certain medications, including amoxicillin. The rash is not an allergic reaction per se but rather an adverse drug reaction that arises from the underlying infection and the immune response associated with it. In contrast, other groups, such as asthmatic patients or those with diabetes, do not have a similar inherent risk of developing a rash from amoxicillin due to their underlying conditions. While it's important to consider that any drug can cause a reaction in any patient, the specific association between amoxicillin and a rash in patients with mononucleosis is well documented. Thus, recognizing this particular reaction is crucial for appropriate patient management and prescribing practices.

**5. What is a significant symptom suggesting epiglottitis in a patient?**

- A. Fever**
- B. Drooling**
- C. Cough**
- D. Fatigue**

Drooling is a significant symptom suggesting epiglottitis in a patient, as it indicates that the patient is experiencing difficulty swallowing due to inflammation and swelling of the epiglottis. This condition often leads to a classic "tripod" position, where the patient leans forward, helping to maintain an open airway, and may also exhibit signs of distress. The inability to swallow properly can cause excessive saliva to accumulate, resulting in drooling. In contrast, while fever can be a symptom of infection, it is not specific to epiglottitis and is common in many other conditions. Coughing is generally less common, as the presence of significant swelling of the airway leads to stridor rather than a productive cough. Fatigue may occur due to the illness but does not directly indicate epiglottitis. The presence of drooling is a more distinct and concerning sign that warrants immediate medical evaluation for potential airway compromise.

**6. What does the term "resolved infection" indicate in hepatitis B serology?**

- A. Positive HBsAg**
- B. Negative Anti-HBs**
- C. Positive Anti-HBc**
- D. Negative HBsAg**

The term "resolved infection" in hepatitis B serology refers to the situation where an individual has successfully cleared the virus from their system after an acute infection. This is typically indicated by a negative Hepatitis B surface antigen (HBsAg) test, which shows that there is no active virus present in the bloodstream. When an infection is resolved, the body has mounted an immune response, which is often characterized by the presence of antibodies that could protect against future infections. In this context, the absence of HBsAg is significant because it suggests that the virus is no longer replicating and that the infection has been cleared. Following the resolution of hepatitis B infection, it's common for individuals to develop antibodies such as Hepatitis B surface antibodies (Anti-HBs) and, in some cases, antibodies to the core antigen (Anti-HBc). However, the definitive marker for a resolved infection remains the negativity of HBsAg. This concept is critical in clinical practice, as it helps differentiate between acute infections, chronic infections, and resolved infections, which can guide treatment decisions and inform patients about their immunity status.

**7. What medication is associated with increased risk of pancreatitis due to its effect on triglycerides?**

- A. Statins**
- B. Thiazides**
- C. Beta-blockers**
- D. Fibrates**

Fibrates are a class of medications primarily used to lower triglyceride levels in the blood. While they are effective in doing so, this mechanism of action carries an increased risk of pancreatitis, particularly in patients with very high triglyceride levels. The elevation of triglycerides can lead to an inflammatory response in the pancreas, resulting in pancreatitis. Fibrates work by activating peroxisome proliferator-activated receptor alpha (PPAR- $\alpha$ ), which leads to increased lipolysis and the elimination of triglyceride-rich particles from plasma. However, in certain patients, this can also predispose them to developing pancreatitis, especially when triglyceride levels are significantly high prior to treatment. In contrast, statins primarily focus on lowering LDL cholesterol and have a much lower association with pancreatitis. Thiazides are diuretics that may contribute to metabolic changes, including electrolyte imbalances, but they are not commonly linked to pancreatitis as a primary effect. Beta-blockers are used for a variety of cardiovascular conditions and can affect lipid metabolism, but they are also not recognized for increasing pancreatitis risk in the same way that fibrates do. Thus, the specific association of fibrates with an increased risk of pancreatitis due to their influence

**8. What is the preferred first-line treatment for swimmer's ear?**

- A. Ciprofloxacin**
- B. Amoxicillin**
- C. Azithromycin**
- D. Clarithromycin**

The preferred first-line treatment for swimmer's ear, also known as otitis externa, is ciprofloxacin, specifically when it is combined with a corticosteroid. Ciprofloxacin is a fluoroquinolone antibiotic that is effective against the common bacteria involved in otitis externa, particularly *Pseudomonas aeruginosa*. Because of its dual action in reducing inflammation and alleviating symptoms of pain and discomfort, this combination is particularly effective for treating the condition. In contrast, the other antibiotics listed, such as amoxicillin, azithromycin, and clarithromycin, are typically not the first choices for treating swimmer's ear. Amoxicillin is primarily used for middle ear infections (otitis media) and wouldn't target the bacteria commonly associated with otitis externa as directly as ciprofloxacin. Azithromycin and clarithromycin are macrolides that are not favored for this type of infection, as they might not offer the same efficacy against the prevalent pathogens found in swimmer's ear. Thus, the choice of ciprofloxacin aligns with clinical guidelines aimed at addressing the specific bacterial causes of swimmer's ear effectively while also managing associated symptoms through the anti-inflammatory properties of the corticosteroid component.



**9. Which headache type is most commonly associated with stress?**

- A. Cluster headache**
- B. Tension headache**
- C. Sinus headache**
- D. Migraine headache**

The type of headache most commonly associated with stress is the tension headache. Tension headaches are characterized by a bilateral, pressing or tightening sensation that can vary in intensity. They often arise due to stress, muscle tension, and anxiety, leading to an increase in muscle contraction in the head, neck, and scalp areas. This type of headache can be exacerbated by stressors, which further contribute to the muscle tightness and discomfort. In contrast, cluster headaches are more episodic and are characterized by severe unilateral pain, often occurring in cyclical patterns, but they are not directly linked to stress. Sinus headaches result from inflammation of the sinus cavities and are associated more with sinusitis than with stress. Migraines have their own set of triggers, which may include hormonal changes, certain foods, and environmental factors, but stress is not the primary association. Thus, tension headache is the clear choice due to its strong relationship with stress factors.

**10. Which of the following is characteristic of a grade II ankle sprain?**

- A. Severe swelling and complete loss of function**
- B. Mild tenderness with slight functional loss**
- C. Moderate pain, swelling, and some loss of function**
- D. No swelling and no pain during weight-bearing**

A grade II ankle sprain is characterized by moderate pain, swelling, and some functional loss. This type of sprain involves a partial tear of the ligaments supporting the ankle, which leads to these symptoms. Patients typically experience tenderness, difficulty bearing weight, and instability in the affected ankle, but they still retain some capability to move the joint, albeit with discomfort and reduced range of motion. The presence of moderate swelling and pain aligns with the nature of a grade II injury, distinguishing it from less severe (grade I) or more severe (grade III) sprains. In comparison, grade I sprains involve slight stretching of the ligaments with mild discomfort, while grade III sprains result in complete tearing of the ligaments, leading to severe pain, significant swelling, and a complete loss of function.

## 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](mailto:hello@examzify.com).**

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

**<https://anccfamilynurse.examzify.com>**

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