

ANCC Professional Role Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 aspect distinguishes the CPT code in healthcare billing?**
 - A. It identifies diagnoses**
 - B. It is specific to laboratory services**
 - C. It relates to procedures performed during patient visits**
 - D. It is used by insurance companies exclusively**

- 2. What is credentialing primarily related to?**
 - A. Qualification for research grants**
 - B. Billing for healthcare services**
 - C. Employment eligibility**
 - D. Licensure of healthcare professionals**

- 3. What does the health belief model help to do regarding health behaviors?**
 - A. Expand and complicate**
 - B. Explain and predict**
 - C. Assess and critique**
 - D. Improve and enhance**

- 4. What is necessary for a physician to participate in incident to billing?**
 - A. The physician must be in the building with the nurse**
 - B. The physician must have a specific certification**
 - C. The physician must be available via phone**
 - D. The physician does not need to be present at all**

- 5. What are the three steps outlined in Lewin's change model?**
 - A. Plan, Execute, Review**
 - B. Unfreeze, Change, Refreeze**
 - C. Start, Improve, Sustain**
 - D. Assess, Implement, Reflect**

- 6. What does the state nursing practice act determine for nurse practitioners?**
- A. The types of patients a NP can see**
 - B. The legal right to practice and scope of practice**
 - C. The required continuing education for NPs**
 - D. The fees charged for NP services**
- 7. Which component of the health belief model refers to the belief in potential adverse outcomes?**
- A. Perceived susceptibility**
 - B. Risk severity**
 - C. Benefits to action**
 - D. Self-efficacy**
- 8. Which aspect of care does interdisciplinary rounds primarily enhance?**
- A. Individual nursing outcomes**
 - B. Overall healthcare team dynamics**
 - C. Patient-centered care planning**
 - D. Medical record accuracy**
- 9. What did the HITECH Act define as a requirement for providers?**
- A. Patient confidentiality**
 - B. Meaningful use of electronic records**
 - C. Telehealth transitions**
 - D. Standard billing practices**
- 10. What is a benefit of evidence-based practice in patient care?**
- A. It increases variations in treatment**
 - B. It improves patient outcomes**
 - C. It focuses on anecdotal evidence**
 - D. It complicates treatment processes**

Answers

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

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Explanations

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1. What aspect distinguishes the CPT code in healthcare billing?

- A. It identifies diagnoses**
- B. It is specific to laboratory services**
- C. It relates to procedures performed during patient visits**
- D. It is used by insurance companies exclusively**

The distinguishing aspect of the CPT (Current Procedural Terminology) code in healthcare billing is that it relates to procedures performed during patient visits. CPT codes provide a standardized way to document and report medical, surgical, and diagnostic services and procedures to various entities such as insurance companies and healthcare providers. This standardization is crucial for communication across the healthcare system, ensuring that all parties have a clear understanding of what services were rendered. While identifying diagnoses is an important function in healthcare, that role is primarily fulfilled by ICD (International Classification of Diseases) codes, not CPT codes. Additionally, CPT codes are applicable to a wide range of services, not just laboratory services, which further supports the idea that they relate broadly to procedures. Lastly, CPT codes are used by a variety of stakeholders in healthcare, including healthcare providers, not solely by insurance companies.

2. What is credentialing primarily related to?

- A. Qualification for research grants**
- B. Billing for healthcare services**
- C. Employment eligibility**
- D. Licensure of healthcare professionals**

Credentialing is primarily related to the licensure of healthcare professionals, which ensures that individuals meet the required standards and qualifications to practice in their respective fields. This process involves verifying a professional's education, training, experience, and competencies, as well as ensuring they hold the necessary licenses and certifications mandated by regulatory boards. While billing for healthcare services is an important aspect of healthcare management, it does not cover the scope of credentialing, which focuses on the qualifications and competencies of the individuals providing care. Credentialing plays a crucial role in maintaining the quality and safety of healthcare services by ensuring that practitioners are qualified to provide the services they offer. Thus, understanding credentialing is essential not just for compliance but also for assuring that patients receive care from competent and licensed professionals.

3. What does the health belief model help to do regarding health behaviors?

- A. Expand and complicate**
- B. Explain and predict**
- C. Assess and critique**
- D. Improve and enhance**

The health belief model is a psychological framework that helps to explain and predict individuals' health behaviors by examining their perceptions and beliefs related to health risks and benefits of taking health-related actions. This model posits that individuals are more likely to engage in health-promoting behaviors if they believe they are susceptible to a health problem, perceive the severity of that problem, believe taking a specific action would reduce their susceptibility or severity, and feel that the benefits of taking the action outweigh the costs or barriers. By addressing these key components, the health belief model effectively guides healthcare professionals in understanding why individuals choose to engage in certain health behaviors or avoid them. This can be instrumental in designing interventions and educational strategies aimed at increasing health literacy and promoting proactive health management. The other options don't accurately capture the primary function of the health belief model. For instance, while assessing and critiquing may be part of a broader health promotion strategy, they do not encapsulate the predictive and explanatory nature of the model. Similarly, expanding, complicating, improving, and enhancing are less directly related to the core intent of predicting and explaining health behavior patterns.

4. What is necessary for a physician to participate in incident to billing?

- A. The physician must be in the building with the nurse**
- B. The physician must have a specific certification**
- C. The physician must be available via phone**
- D. The physician does not need to be present at all**

For a physician to participate in incident to billing, it is essential that the physician is physically present in the same location as the nurse providing the service. This requirement ensures that the services rendered by the nurse are considered a continuation of the care that the physician initiated. When the physician is in the building, it allows for immediate collaboration and oversight, affirming that the care provided aligns with the physician's treatment plan for the patient. This requirement establishes a face-to-face connection that supports the billing process, as incident to billing is meant to encompass services that are effectively part of the physician's ongoing management of a patient's condition. Therefore, being in the same building enables the physician to supervise the service, which aligns with regulations set forth for billing in outpatient settings. The other options do not provide the necessary oversight stipulated by incident to billing guidelines. For instance, simply being available via phone does not meet the same criteria as physical presence, as that could lead to questions regarding the direct oversight of the care.

5. What are the three steps outlined in Lewin's change model?

- A. Plan, Execute, Review**
- B. Unfreeze, Change, Refreeze**
- C. Start, Improve, Sustain**
- D. Assess, Implement, Reflect**

Lewin's change model is a foundational concept in change management that consists of three distinct steps: Unfreeze, Change, and Refreeze. The first step, Unfreeze, involves preparing the organization or individual for change by recognizing the need for it and creating a readiness to shift from the current state. This step is critical as it addresses any resistance that may exist and creates a motivation for change. The second step, Change, is where the actual transition occurs. This involves implementing new behaviors, processes, or systems. During this phase, individuals or teams are encouraged to explore new ways of working or thinking, fostering an environment where change can take root. The final step, Refreeze, is about solidifying and stabilizing the changes that have been made. It ensures that the new behaviors or processes become the norm within the organization. This step is essential to prevent regression to old habits and to integrate the changes into the culture. Together, these steps provide a structured approach to effectively manage change, ensuring that the process is thoughtfully executed and leads to enduring improvements.

6. What does the state nursing practice act determine for nurse practitioners?

- A. The types of patients a NP can see**
- B. The legal right to practice and scope of practice**
- C. The required continuing education for NPs**
- D. The fees charged for NP services**

The state nursing practice act plays a crucial role in defining the legal framework within which nurse practitioners (NPs) operate. This act establishes the legal right for NPs to practice and delineates their scope of practice. The scope of practice includes the range of services that NPs are authorized to provide, which can vary significantly between different states. Understanding the state nursing practice act is essential for ensuring that NPs adhere to the standards and regulations set forth by the state, which ultimately safeguards patient care and promotes the safe and effective practice of nursing. This legal foundation grants NPs the authority to assess patients, diagnose conditions, initiate treatment plans, and provide patient education, as determined by the regulations outlined in the act. While the other options may touch on aspects of NP practice, such as patient demographics, continuing education, or financial considerations, they do not encompass the broader legal foundations and limitations imposed by the state nursing practice act itself. Therefore, knowing the legal right to practice and the defined scope of practice is paramount for nurse practitioners in performing their roles effectively and within the law.

7. Which component of the health belief model refers to the belief in potential adverse outcomes?

- A. Perceived susceptibility**
- B. Risk severity**
- C. Benefits to action**
- D. Self-efficacy**

The component of the health belief model that refers to the belief in potential adverse outcomes is risk severity. This concept emphasizes how individuals perceive the severity or seriousness of a health threat, such as a disease or condition. When individuals believe that certain behaviors or situations could lead to significant negative health consequences, they may be more motivated to engage in preventive actions or adhere to recommended health behaviors. This belief in potential adverse outcomes can influence a person's willingness to change behavior, seek medical advice, or adhere to treatment. It is essential for understanding how people approach health decisions and is foundational in designing effective health interventions. In this context, perceived susceptibility relates specifically to an individual's belief about their likelihood of experiencing a health issue, while benefits to action revolve around the perceived advantages of engaging in healthier behaviors. Self-efficacy refers to a person's confidence in their ability to take action. Thus, risk severity directly addresses the perception of the potential harmful outcomes that drive health-related decisions.

8. Which aspect of care does interdisciplinary rounds primarily enhance?

- A. Individual nursing outcomes**
- B. Overall healthcare team dynamics**
- C. Patient-centered care planning**
- D. Medical record accuracy**

Interdisciplinary rounds primarily enhance patient-centered care planning by fostering collaboration among various healthcare professionals. These rounds involve team members from different disciplines coming together to discuss patient care, share insights, and develop comprehensive care plans tailored to individual patient needs. This collaborative approach ensures that all aspects of a patient's care, including medical, social, and psychological factors, are considered and integrated into the planning process. The focus on patient-centered care during these rounds helps to align the team's efforts with the goals and preferences of the patient, ultimately leading to improved outcomes and satisfaction. Engaging multiple disciplines allows for a more holistic view of the patient's condition, addressing not only the medical aspects but also the psychological and social support needed for effective treatment. While enhancing individual nursing outcomes, improving healthcare team dynamics, and ensuring medical record accuracy are important aspects of healthcare, they are more secondary benefits of the collaborative process rather than the primary goal of interdisciplinary rounds. The central aim is to ensure that the patient's needs are at the forefront of all care decisions made by the team.

9. What did the HITECH Act define as a requirement for providers?

- A. Patient confidentiality**
- B. Meaningful use of electronic records**
- C. Telehealth transitions**
- D. Standard billing practices**

The HITECH Act, formally known as the Health Information Technology for Economic and Clinical Health Act, was enacted as part of the American Recovery and Reinvestment Act of 2009. A key goal of this legislation was to promote the adoption and meaningful use of health information technology. The requirement for "meaningful use" refers specifically to a set of criteria that healthcare providers must meet to demonstrate that they are effectively using certified electronic health record (EHR) technology. This is focused on improving patient care and health outcomes through the efficient and secure use of electronic records. By meeting these criteria, providers can qualify for financial incentives through Medicare and Medicaid. The emphasis on meaningful use was designed to enhance patient engagement, improve care coordination, and ensure the privacy and security of patient information. This not only aids in improving the healthcare system but also aligns with broader goals of health reform. Thus, the HITECH Act specifically focused on encouraging providers to utilize electronic health records in a meaningful way, making option B the correct answer in this context.

10. What is a benefit of evidence-based practice in patient care?

- A. It increases variations in treatment**
- B. It improves patient outcomes**
- C. It focuses on anecdotal evidence**
- D. It complicates treatment processes**

The benefit of evidence-based practice in patient care is that it improves patient outcomes. Evidence-based practice integrates the best available research with clinical expertise and patient values, guiding healthcare professionals to make informed decisions about patient care. By relying on scientifically validated studies and data, treatment plans are more likely to be effective, safe, and sustainable. Improving patient outcomes means that patients experience better health results, fewer complications, and overall higher satisfaction with their care. This approach reduces variability in treatment by promoting standardized protocols based on the latest evidence, ensuring that all patients receive care that has been proven to work effectively in similar circumstances. In doing so, evidence-based practice enhances the quality of care delivered in clinical settings and fosters better health management strategies tailored to individual patient needs.

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://anccprofessionalrole.examzify.com>

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

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