

HOSA PHARMACOLOGY ASSESSMENT PRACTICE TEST (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 does QS represent in medication instructions?**
 - A. Of each
 - B. Quantity sufficient
 - C. Before meals
 - D. After meals
- 2. CILLIN is a common suffix for which type of antibiotics?**
 - A. Tetracycline Antibiotics
 - B. Penicillin Antibiotics
 - C. Macrolide Antibiotics
 - D. Fluoroquinolone Antibiotics
- 3. What is the main focus during Phase I of New Drug Clinical Trials?**
 - A. Effects compared to similar patients
 - B. Identifying optimal dosage for effectiveness
 - C. Determining safety and tolerated dosage
 - D. Evaluating long-term efficacy
- 4. What does " BID" suggest in terms of daily medication routines?**
 - A. Take once a day
 - B. Take three times a day
 - C. Take twice a day
 - D. Take every other day
- 5. What is the primary advantage of subcutaneous injections?**
 - A. Faster absorption
 - B. Reduced pain at the injection site
 - C. Ability to deliver large volumes of medication
 - D. Direct access to the bloodstream
- 6. Which measurement term refers to the amount to be given of a particular medication?**
 - A. GTT
 - B. QS
 - C. AA
 - D. TDS

- 7. What condition are sulfonylureas primarily used to treat?**
- A. Type I Diabetes
 - B. Type II Diabetes
 - C. Hypertension
 - D. Heart failure
- 8. What does the National Drug Code (NDC) primarily identify?**
- A. Over-the-counter medications
 - B. Legend drugs
 - C. Controlled substances
 - D. Herbal supplements
- 9. What significant authority did the Federal Food, Drug, and Cosmetic Act of 1938 provide to the FDA?**
- A. Control over dietary supplements
 - B. Requirements for adequate drug testing for safety
 - C. Power to approve over-the-counter medication
 - D. Regulation of drug advertising
- 10. Which of the following is NOT required on a DEA controlled drug prescription?**
- A. Patient's name
 - B. Drug strength
 - C. Insurance information
 - D. Practitioner's phone number

Answers

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

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Explanations

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1. What does QS represent in medication instructions?

- A. Of each
- B. Quantity sufficient**
- C. Before meals
- D. After meals

In medication instructions, QS stands for "Quantity Sufficient." This term is commonly used in pharmacy and healthcare to indicate that a prescribed dosage should be adequate to achieve the desired therapeutic effect without specifying an exact volume or number of units. For example, when compounding a medication, a pharmacist may be instructed to add a quantity sufficient to ensure that the final preparation meets specific requirements for consistency or volume. The use of QS allows for flexibility in the compounding process, as it enables healthcare professionals to tailor the amount of a substance to achieve the right balance in a formulation. It is particularly useful in formulations where the exact quantity cannot be predetermined, such as when diluting solutions or mixing ingredients. This instruction facilitates precise and individualized patient care by ensuring that the medication is appropriately dosed without risk of under- or overtreatment.

2. CILLIN is a common suffix for which type of antibiotics?

- A. Tetracycline Antibiotics
- B. Penicillin Antibiotics**
- C. Macrolide Antibiotics
- D. Fluoroquinolone Antibiotics

The suffix "CILLIN" is specifically associated with penicillin antibiotics. This group of antibiotics is derived from penicillin, which was the first true antibiotic discovered and is still widely used to treat various bacterial infections. Penicillin works by inhibiting the synthesis of bacterial cell walls, leading to cell lysis and death of the bacteria. The presence of the "CILLIN" suffix in drug names such as penicillin, amoxicillin, and ampicillin indicates their classification within this category. Each of these medications shares a similar mechanism of action and a core chemical structure that characterizes penicillin antibiotics. Recognizing this suffix is essential for understanding the pharmacological properties and clinical applications of these antibiotics. Other types of antibiotics mentioned, such as tetracyclines, macrolides, and fluoroquinolones, have distinct chemical structures and mechanisms of action that do not include the "CILLIN" suffix. This further reinforces the unique identification of penicillin antibiotics as a specific class in pharmacology.

3. What is the main focus during Phase I of New Drug Clinical Trials?

- A. Effects compared to similar patients
- B. Identifying optimal dosage for effectiveness
- C. Determining safety and tolerated dosage**
- D. Evaluating long-term efficacy

Phase I of New Drug Clinical Trials primarily focuses on determining the safety and tolerability of a new drug in a small group of healthy volunteers or patients. This initial phase aims to assess how the drug behaves in the body, including its pharmacokinetics (how the drug is absorbed, distributed, metabolized, and excreted) and the dosage range that is considered safe for participants. Researchers monitor participants closely for any adverse effects and gather information on the maximum tolerated dose. This phase is crucial because it sets the foundation for subsequent trials by ensuring that the drug is safe enough to be tested for efficacy in larger populations. It is important to identify any potential side effects and establish a baseline for what constitutes a tolerated dosage before moving into later phases that focus more on effectiveness and therapeutic results.

4. What does " BID" suggest in terms of daily medication routines?

- A. Take once a day
- B. Take three times a day
- C. Take twice a day**
- D. Take every other day

The term "BID" is a Latin abbreviation that stands for "bis in die," which translates to "twice a day" in English. When prescribed medication with this notation, it indicates that the patient should take the medication two times within a 24-hour period. This dosing schedule is often used to maintain effective drug levels in the body throughout the day. In terms of daily medication routines, taking a medication BID typically suggests that the doses are spaced evenly, often morning and evening, to ensure consistent therapeutic effects and minimize side effects. Understanding these abbreviations is essential for patients to correctly follow their medication regimens and achieve optimal health outcomes.

5. What is the primary advantage of subcutaneous injections?

- A. Faster absorption
- B. Reduced pain at the injection site**
- C. Ability to deliver large volumes of medication
- D. Direct access to the bloodstream

The primary advantage of subcutaneous injections lies in their ability to minimize pain at the injection site compared to other injection methods. Subcutaneous injections are administered into the fatty tissue just under the skin, which tends to have fewer nerve endings than muscle, leading to a generally less painful experience for patients. This can encourage adherence to treatment among patients who might be apprehensive about needles. In addition, subcutaneous injections are used to administer medications that require slower absorption rates into the bloodstream, making them suitable for drugs that need to provide a steady release over time. While faster absorption and the ability to deliver larger volumes are important for certain routes of administration, these characteristics are not typical advantages of subcutaneous injections. Furthermore, direct access to the bloodstream is a feature of intravenous injections, not subcutaneous ones. The advantage of reduced pain at the injection site is particularly relevant in clinical settings where patient comfort is a priority.

6. Which measurement term refers to the amount to be given of a particular medication?

- A. GTT
- B. QS**
- C. AA
- D. TDS

The correct term that refers to the amount to be given of a particular medication is "QS," which stands for "quantum sufficit" in Latin, meaning "as much as sufficient." In a medical context, this term is used to indicate the volume or amount of a medication that is to be administered to achieve the desired effect. For example, if a medication is compounded or mixed, QS might indicate that enough diluent should be added to bring the final volume to a specified amount. This usage is important in pharmacology and medication administration because it helps ensure that patients receive the appropriate dosage, whether that involves liquids, solids, or other forms of medication. It provides flexibility in compounding medications to meet specific patient needs, making it essential in practice. The other terms listed refer to different dosage or frequency-related measures. "GTT" typically refers to drops (as in 'guttae'), which is a measurement of volume for liquid medications. "AA" usually means "as needed" or indicates a certain type of compound, but does not specifically refer to the amount to be given. "TDS" refers to a dosing frequency, indicating "three times a day," rather than the actual amount of medication.

7. What condition are sulfonylureas primarily used to treat?

- A. Type I Diabetes
- B. Type II Diabetes**
- C. Hypertension
- D. Heart failure

Sulfonylureas are primarily used to treat Type II Diabetes. This class of medication works by stimulating the pancreas to release more insulin, which helps lower blood glucose levels. In patients with Type II Diabetes, the body often produces insulin but is resistant to its effects, making it less effective at controlling blood sugar levels. Sulfonylureas help overcome this resistance by increasing insulin secretion, thereby improving glycemic control. These medications are not effective for Type I Diabetes, which is primarily characterized by an autoimmune destruction of insulin-producing beta cells in the pancreas, leading to little or no insulin production. Therefore, sulfonylureas would not be beneficial in managing this condition. Additionally, sulfonylureas are not indicated for treating hypertension or heart failure, as these conditions require different classes of medications that specifically target blood pressure regulation and heart function.

8. What does the National Drug Code (NDC) primarily identify?

- A. Over-the-counter medications
- B. Legend drugs**
- C. Controlled substances
- D. Herbal supplements

The National Drug Code (NDC) is a unique identifier for medications approved by the FDA, and its primary function is to categorize and specify prescription drugs, also known as legend drugs. Each NDC is a 10-digit number divided into three segments that provide information about the drug's labeler, product, and package size. Legend drugs require a prescription and are regulated under specific guidelines due to their potential for risks or side effects. The NDC helps healthcare professionals, pharmacies, and regulatory bodies to track and manage these medications effectively. It ensures clear identification and differentiation from other types of substances such as over-the-counter medications, controlled substances, or herbal supplements, each of which might have different regulatory requirements and identification systems. This specificity in identifying prescription medications using the NDC enhances drug safety, helps in patient care management, and contributes to accurate medication dispensing and monitoring practices within the healthcare industry.

9. What significant authority did the Federal Food, Drug, and Cosmetic Act of 1938 provide to the FDA?

- A. Control over dietary supplements
- B. Requirements for adequate drug testing for safety**
- C. Power to approve over-the-counter medication
- D. Regulation of drug advertising

The Federal Food, Drug, and Cosmetic Act of 1938 significantly enhanced the authority of the FDA by introducing requirements for adequate drug testing for safety before a drug could be marketed to the public. This legislation arose in response to public health crises, particularly those involving untested and potentially dangerous products. By mandating that manufacturers provide evidence of a drug's safety through appropriate testing protocols, the Act ensured that consumers would not be exposed to harmful substances without adequate information regarding their safety. This requirement not only aimed to protect public health but also established a formal process for evaluating the safety of new pharmaceuticals, which laid the groundwork for the modern regulatory framework governing drug approval. While the FDA does have responsibilities concerning dietary supplements, the regulation of over-the-counter medications, and drug advertising, the establishment of safety testing requirements was a pivotal move that fundamentally shaped FDA's role in safeguarding consumer health. This focus on ensuring safety via testing was one of the key outcomes of the 1938 Act, setting a precedent for subsequent regulations and oversight.

10. Which of the following is NOT required on a DEA controlled drug prescription?

- A. Patient's name
- B. Drug strength
- C. Insurance information**
- D. Practitioner's phone number

In the context of a DEA controlled substance prescription, insurance information is not a mandatory requirement. The Drug Enforcement Administration (DEA) has specific guidelines for what must be included on a prescription for controlled substances. Key elements that must be documented are the patient's name, which ensures that the prescription is correctly attributed to the individual who will receive the medication; the drug strength, which specifies the dosage and concentration of the medication prescribed; and the practitioner's phone number, which is necessary for verification and communication if needed. None of these essential requirements ensure proper dosage, patient safety, and the legality of the prescription, while insurance information, although commonly included for billing purposes, does not impact the dispensing or legality of the controlled substance. Therefore, understanding which elements are mandated by the DEA helps ensure compliance with federal regulations and protects both the patient and the healthcare provider in practice.

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://hosapharmacologyassessment.examzify.com>

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

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