

INTRODUCTION TO PHYSICIAN ASSISTANT (PA) PROFESSION 1 PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://introtopaprofession1.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. Which statement best describes credentialing vs privileging in practice?**
 - A. Credentialing verifies education only.
 - B. Privileging defines which procedures a PA may perform.
 - C. Credentialing is the same as privileging.
 - D. Privileging verifies work experience.
- 2. PAEA's stance on supervision in OTP changes is best described as advocating to preserve what?**
 - A. They disapprove of any supervision changes.
 - B. They support eliminating the supervising physician requirement.
 - C. They neither support nor oppose supervision changes.
 - D. They advocate preserving the supervising physician requirement.
- 3. Which setting were barefoot doctors typically trained in, according to the standard barefoot-doctor program?**
 - A. Hospitals and health centers
 - B. Medical schools
 - C. Community clinics
 - D. Private offices
- 4. NCCPA stands for which of the following?**
 - A. National Certification Council for Physician Assistants
 - B. National Commission on Certification of Physician Assistants
 - C. National Council on Certification of Physician Assistants
 - D. National Committee for Certification of Physician Assistants
- 5. Which organization is the sole certifying body for PAs in the United States?**
 - A. NCCPA
 - B. PAEA
 - C. ARC-PA
 - D. AAPA

- 6. Which organization oversees the PA profession's ethical standards and code of conduct?**
- A. American Medical Association (AMA)
 - B. American Academy of Physician Assistants (AAPA)
 - C. National Commission on Certification of Physician Assistants (NCCPA)
 - D. Physician Assistant Ethics Committee (PAEC)
- 7. Which organization is responsible for certification and recertification for PAs in the United States?**
- A. American Board of Medical Specialties
 - B. National Commission on Certification of Physician Assistants
 - C. American Medical Association
 - D. National Board of Medical Examiners
- 8. What is required for facilities to grant PA privileges?**
- A. Credentialing & privileging
 - B. Parking lot size
 - C. CEO name
 - D. Staff vacation schedule
- 9. The number of PAs a physician may collaborate with is determined at what level?**
- A. Practice Level
 - B. State Level
 - C. National Standard
 - D. Individual Physician Preference
- 10. Should you confront the suspected impaired provider?**
- A. No
 - B. Yes
 - C. Not Necessarily
 - D. No, You Should Not Confront the Suspected Provider

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement best describes credentialing vs privileging in practice?

- A. Credentialing verifies education only.
- B. Privileging defines which procedures a PA may perform.**
- C. Credentialing is the same as privileging.
- D. Privileging verifies work experience.

The main idea is that credentialing and privileging are two different steps in how a PA can practice in a facility. Credentialing is the process of verifying qualifications—education, training, certification, licensure, and related credentials—handled by a governing or credentialing body. Privileging, on the other hand, uses that verified information to grant the PA the authority to perform specific procedures within a particular healthcare setting, based on demonstrated competence and experience. So why privileging defines which procedures a PA may perform? Because it establishes the facility-specific scope of practice, outlining exactly what procedures and services the PA is allowed to provide in that setting, after review of credentials and competence. Credentialing is not just education verification, and it isn't synonymous with privileging. It involves confirming a broader set of qualifications, including licensure and certifications, not the exact procedures allowed. Privileging is not simply verifying work experience; it's about granting procedural privileges within a facility based on verified qualifications and competence.

2. PAEA's stance on supervision in OTP changes is best described as advocating to preserve what?

- A. They disapprove of any supervision changes.
- B. They support eliminating the supervising physician requirement.
- C. They neither support nor oppose supervision changes.
- D. They advocate preserving the supervising physician requirement.**

The main idea tested is the stance on maintaining physician-level oversight in opioid treatment programs. PAEA supports preserving the supervising physician requirement, valuing ongoing physician oversight to ensure safety, appropriate pharmacotherapy decisions, monitoring for adverse effects, and consistent standards across OTPs. This emphasis on oversight helps protect patients and maintains quality of care in complex treatments like methadone or buprenorphine programs. Other options imply reducing or avoiding this oversight or remaining neutral, which does not align with preserving the supervising physician requirement.

3. Which setting were barefoot doctors typically trained in, according to the standard barefoot-doctor program?

- A. Hospitals and health centers**
- B. Medical schools
- C. Community clinics
- D. Private offices

The idea behind barefoot doctors was to deliver basic, practical care right where people live, so training happened in local, community-based settings rather than large institutions. These workers were prepared in village or commune health posts within the rural cooperative medical system, focusing on essential clinical skills, preventive care, and public health tasks that could be carried out with limited resources. This setup kept care accessible in the countryside and reinforced the connection between the community and health services. Hospitals and health centers are larger, more specialized environments, which isn't how the barefoot-doctor program was designed to operate. Medical schools provide formal, lengthy curricula rather than the short, targeted training needed for rural primary care. Private offices don't reflect the public-health, community-based approach that characterized the barefoot-doctor system.

4. NCCPA stands for which of the following?

- A. National Certification Council for Physician Assistants
- B. National Commission on Certification of Physician Assistants**
- C. National Council on Certification of Physician Assistants
- D. National Committee for Certification of Physician Assistants

NCCPA stands for National Commission on Certification of Physician Assistants. This is the national certifying organization for physician assistants, responsible for developing and administering the certification process (the PANCE) and the recertification pathway (PANRE), as well as maintaining certification status through CME requirements. Licensure to practice is issued by state medical boards, not by NCCPA, which is why you'll see the PA-C credential tied to NCCPA certification rather than state licensure. The other wordings use Council or Committee, which are not the official name of the certifying body, so they don't represent NCCPA.

5. Which organization is the sole certifying body for PAs in the United States?

- A. NCCPA**
- B. PAEA
- C. ARC-PA
- D. AAPA

The main idea here is who officially verifies a Physician Assistant's credentials. The National Commission on Certification of Physician Assistants (NCCPA) is the sole organization that awards PA certification, administering the national exams like the PANCE for initial certification and the recertification process later on. State medical boards typically require NCCPA certification for licensure, which is why NCCPA is the definitive certifying body for PAs in the United States. The other groups have different roles: PAEA supports PA education and professional development, ARC-PA accredits PA programs, and AAPA is a professional association for practicing PAs.

6. Which organization oversees the PA profession's ethical standards and code of conduct?

- A. American Medical Association (AMA)
- B. American Academy of Physician Assistants (AAPA)**
- C. National Commission on Certification of Physician Assistants (NCCPA)
- D. Physician Assistant Ethics Committee (PAEC)

The main idea is that professional ethics for physician assistants are set by the organization that represents and guides the PA profession. The American Academy of Physician Assistants is the national body responsible for developing and upholding the PA Code of Ethics and related practice standards. This code defines expected professional behavior, patient rights, confidentiality, and responsibilities to patients and colleagues, forming the core ethical framework for PAs. The certification organization (NCCPA) focuses on credentialing and may enforce standards related to certification, but it does not establish the PA profession's ethical code. The AMA covers medical ethics for physicians more broadly, not the PA-specific code, and the Physician Assistant Ethics Committee isn't a recognized national governing body for PA ethics.

7. Which organization is responsible for certification and recertification for PAs in the United States?

- A. American Board of Medical Specialties
- B. National Commission on Certification of Physician Assistants**
- C. American Medical Association
- D. National Board of Medical Examiners

The key idea is that certification and ongoing certification for physician assistants in the United States are handled by the National Commission on Certification of Physician Assistants. This organization develops and administers the PA certification process, starting with the PANCE, which grants the PA-C credential after passing. To keep that credential current, PAs undergo recertification through the PANRE and must meet ongoing CME and other maintenance requirements. This structure is specific to PAs and ensures they remain up to date in practice. The other organizations are focused on physicians: the American Board of Medical Specialties certifies medical specialty boards for physicians; the American Medical Association is a broad professional association for physicians; and the National Board of Medical Examiners creates licensing exams for physicians. They do not certify or recertify physician assistants.

8. What is required for facilities to grant PA privileges?

- A. Credentialing & privileging
- B. Parking lot size**
- C. CEO name
- D. Staff vacation schedule

Granting PA privileges at a facility happens through credentialing and privileging. Credentialing is the verification process that confirms a PA's qualifications: education from an accredited program, successful completion of certification (such as NCCPA), current licensure in the state, and a clean professional background. Privileging is the subsequent step where the medical staff committee reviews the PA's training, experience, and demonstrated competence to authorize specific clinical activities and procedures the PA may perform at that facility. This defines the scope of practice, the patient populations, and the settings in which the PA can work, and it is supported by ongoing re-credentialing, performance evaluations, and appropriate supervision as required by policy and law. Non-clinical items like parking lot size, the CEO's name, or staff vacation schedules are not part of the privilege-granting process.

9. The number of PAs a physician may collaborate with is determined at what level?

- A. Practice Level**
- B. State Level
- C. National Standard
- D. Individual Physician Preference

The key idea is that supervision and collaborative staffing are set by the employing organization. Within a practice, clinical leadership determines how many PAs a single physician can oversee, balancing patient load, specialty needs, and workflow, while still complying with any state requirements. National standards outline certification and general scope, and state rules govern the minimum supervision framework, but the exact number of PAs a physician works with is an organizational policy. Individual physician preference doesn't override the practice policy or state law.

10. Should you confront the suspected impaired provider?

- A. No
- B. Yes
- C. Not Necessarily
- D. No, You Should Not Confront the Suspected Provider**

When you suspect impairment in a clinician, the priority is patient safety and following the proper process. Directly confronting the provider can trigger denial, defensiveness, or a dangerous reaction that could harm patients. The best approach is to avoid personal confrontation and act through established channels. Document what you've observed with specifics—dates, times, behaviors, and how it affected care. Report promptly to the appropriate authority, such as a supervisor, department chair, risk management, or a designated physician health/impaired-professional program. If there is an immediate risk to patient safety, follow your institution's emergency or escalation procedures right away. The goal is to protect patients while giving the provider a structured, confidential path to address possible impairment.

SAMPLE

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://introtopaprofession1.examzify.com>

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

SAMPLE