

MONTANA MPJE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. Which option best describes the minimum retention period for patient records?**
 - A. 5 years
 - B. 7 years
 - C. 3 years
 - D. 10 years
- 2. The student may accumulate up to how many hours concurrently with school attendance in approved courses, IPPE, APPE, or demonstration projects?**
 - A. 1500 hours
 - B. 1000 hours
 - C. 1200 hours
 - D. 1800 hours
- 3. Which item is included in patient records?**
 - A. Employment status
 - B. Social security number
 - C. Allergies
 - D. Medical imaging
- 4. Where must the Zero Report form be kept?**
 - A. In the pharmacy's safe
 - B. On file with the board and at the pharmacy's location
 - C. With the state tax records
 - D. In the patient records
- 5. A product containing 300 mg Ethylmorphine per 100 mL or 15 mg/dosage unit with active non-narcotic ingredients in recognized therapeutic amounts is scheduled as:**
 - A. Schedule II
 - B. Schedule IV
 - C. Schedule I
 - D. Schedule III

- 6. Codeine is classified as which Schedule?**
- A. Schedule II
 - B. Schedule IV
 - C. Schedule I
 - D. Schedule III
- 7. In an emergency, a pharmacy may transfer original prescription drug order information for a noncontrolled substance to a second pharmacy for the purpose of dispensing up to a ----- supply, without voiding the original prescription drug order.**
- A. 30 day
 - B. 1 day
 - C. 7 day
 - D. 14 day
- 8. Room temp meds being transferred between jails/correctional/detention facility must not be subjected to external temps of more than -----**
- A. 72 degrees
 - B. 86 degrees
 - C. 90 degrees
 - D. 100 degrees
- 9. Terminated license can be reactivated within 2 years after the renewal date?**
- A. Yes
 - B. No
 - C. Yes, but only with board approval
 - D. Yes, if certain conditions are met
- 10. Which dosage form is Schedule V?**
- A. A dosage unit with not more than 1 mg Difenoxin per dosage unit
 - B. A dosage unit with not more than 2.5 mg Diphenoxylate per dosage unit
 - C. Ephedrine
 - D. Sibutramine

Answers

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

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Explanations

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1. Which option best describes the minimum retention period for patient records?

- A. 5 years
- B. 7 years**
- C. 3 years
- D. 10 years

Seven years is the minimum retention period for patient records in Montana. This length of time ensures records are available for ongoing patient care, regulatory inspections, and any potential investigations or claims that might arise, aligning with how long records may be needed to support treatment decisions or respond to inquiries. Records typically include the patient's demographic information, prescriptions, dispensing details, and counseling notes, all of which must be preserved for at least seven years from the date of the last entry. Shorter periods, like three or five years, are not adequate, and ten years exceeds the minimum. If the patient was a minor, some jurisdictions apply the seven-year rule in relation to reaching the age of majority, but the key point is that seven years is the required minimum.

2. The student may accumulate up to how many hours concurrently with school attendance in approved courses, IPPE, APPE, or demonstration projects?

- A. 1500 hours**
- B. 1000 hours
- C. 1200 hours
- D. 1800 hours

Understanding how many hours a student may accumulate while still in school hinges on a set limit for experiential activities. In Montana, a student pharmacist may accumulate up to one thousand five hundred hours in approved experiences—such as IPPE, APPE, or demonstration projects—while enrolled in approved courses. These hours must be earned under the supervision of a licensed pharmacist and in settings approved by the board, and they count toward internship requirements for licensure. The cap ensures a balance between classroom learning and hands-on practice, so students gain essential experience without compromising their coursework. Hours within this limit are permissible concurrently with school; hours beyond it aren't.

3. Which item is included in patient records?

- A. Employment status
- B. Social security number
- C. Allergies**
- D. Medical imaging

Documenting allergies is essential because it directly guides safe prescribing and care decisions. Allergies are a standard part of the medical history and are routinely checked whenever a medication is ordered, helping to prevent adverse reactions or life threatening events. In most medical records, you'll find a clearly recorded list of drug, food, and environmental allergies tied to the patient's profile, and this information is actively used during medication reconciliation and decision support. Employment status isn't typically a core piece of the clinical record; it's more about social history and may not influence most treatment decisions. A Social Security number is sensitive information and, for privacy reasons, isn't routinely stored in everyday medical charts. Medical imaging results are indeed documented and linked to the patient's record, but the everyday, universally emphasized item used to safeguard pharmacotherapy and overall care is the allergy information.

4. Where must the Zero Report form be kept?

- A. In the pharmacy's safe
- B. On file with the board and at the pharmacy's location**
- C. With the state tax records
- D. In the patient records

The Zero Report is part of regulatory inventory documentation, so it must be kept in two places: on file with the Board of Pharmacy and at the pharmacy itself. Having a copy with the board provides an official record for regulatory review, while keeping a copy at the pharmacy ensures the report is readily available for inspections and internal reference. Storing it only in tax records or only in patient records wouldn't meet the regulatory requirements, and restricting it to a safe isn't the formal retention rule. The required setup is to maintain both copies.

5. A product containing 300 mg Ethylmorphine per 100 mL or 15 mg/dosage unit with active non-narcotic ingredients in recognized therapeutic amounts is scheduled as:

- A. Schedule II
- B. Schedule IV
- C. Schedule I
- D. Schedule III**

When a narcotic drug is combined with non-narcotic active ingredients in amounts that are recognized as therapeutic, the product's schedule is determined by how much narcotic is present per unit and per volume. In this case, ethylmorphine up to 300 mg per 100 mL or 15 mg per dosage unit, together with active non-narcotic ingredients in recognized therapeutic amounts, fits the criteria for Schedule III. The non-narcotic components and the limited narcotic content reduce the overall abuse potential compared with higher schedules, so the product is placed in Schedule III. If the narcotic amount were higher or the product lacked qualifying non-narcotic ingredients, it would be classified higher, such as Schedule II.

6. Codeine is classified as which Schedule?

- A. Schedule II**
- B. Schedule IV
- C. Schedule I
- D. Schedule III

Codeine is a narcotic analgesic with accepted medical use but a high potential for abuse and dependence. The scheduling framework places substances with this combination of medical use and high abuse risk in Schedule II, which requires strict controls on prescribing and dispensing. While some codeine-containing formulations can be scheduled differently depending on their ingredients, pure codeine or higher risk preparations fit Schedule II precisely because of its potency and abuse potential.

7. In an emergency, a pharmacy may transfer original prescription drug order information for a noncontrolled substance to a second pharmacy for the purpose of dispensing up to a ----- supply, without voiding the original prescription drug order.

- A. 30 day
- B. 1 day
- C. 7 day**
- D. 14 day

In emergencies, pharmacies can transfer the original prescription information for a noncontrolled medication to another pharmacy so the patient can receive up to a seven day supply without the original prescription being voided. This gives the patient a short, bridge supply to maintain therapy when the usual pharmacy can't dispense it, while keeping the original prescription valid for potential later dispensing. The seven day limit balances timely access with safeguards against over-dispensing. Different rules apply for controlled substances, but this emergency transfer provision specifically covers noncontrolled medications.

8. Room temp meds being transferred between jails/correctional/detention facility must not be subjected to external temps of more than -----

- A. 72 degrees
- B. 86 degrees**
- C. 90 degrees
- D. 100 degrees

Room-temperature medications must be protected from heat during transfers between correctional facilities. The commonly accepted upper limit for external exposure is 86°F. This ceiling helps keep medications within typical room-temperature stability ranges; going above 86°F increases the risk of degradation and loss of potency because heat accelerates chemical reactions that can alter a drug's effectiveness. If there's any chance the transport could exceed 86°F, use insulated containers, cooling packs, or reschedule the transfer to maintain product integrity. Lowering the threshold to something like 72°F would be unnecessarily restrictive, while higher values such as 90°F or 100°F would exceed the safe limit and risk compromising the meds.

9. Terminated license can be reactivated within 2 years after the renewal date?

- A. Yes
- B. No**
- C. Yes, but only with board approval
- D. Yes, if certain conditions are met

When a license is terminated, that status is not something that can be cured by simply waiting. Termination ends the authority to practice, and reactivating a terminated license is not handled by a fixed renewal-window rule. To practice again, you typically must go through the licensure process anew—meeting current requirements, paying fees, and potentially satisfying board-imposed conditions or completing additional CE or exams. Some boards may offer reinstatement after a certain period or under specific terms, but that's not guaranteed and is not described as a simple two-year reactivation window after the renewal date. So, the statement that a terminated license can be reactivated within two years after the renewal date is not correct.

10. Which dosage form is Schedule V?

- A. A dosage unit with not more than 1 mg Difenoxin per dosage unit
- B. A dosage unit with not more than 2.5 mg Diphenoxylate per dosage unit**
- C. Ephedrine
- D. Sibutramine

Schedule V includes preparations that contain only small amounts of certain narcotics per dosage unit, making abuse risk relatively low. The classic example is a dosage unit with not more than 2.5 mg of diphenoxylate per unit, typically combined with atropine to discourage misuse. That precise limit defines a Schedule V product, so the option describing a dosage unit with not more than 2.5 mg of diphenoxylate per dosage unit is the correct one. Ephedrine is regulated differently as a List I chemical used to manufacture meth, not a Schedule V narcotic preparation. Sibutramine was never a Schedule V controlled substance; it was removed from the market and is not scheduled. A dosage unit with not more than 1 mg of difenoxin per dosage unit falls outside the specific diphenoxylate threshold that places products in Schedule V, and difenoxin has its own scheduling distinctions.

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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://montanampje.examzify.com>

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

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