

National Contact Lens Examiners (NCLE) Practice Exam (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

- 1. What does the acronym SOAP stand for in contact lens examination?**
 - A. Symptomatology, Over-refraction, Anatomy, Physiology**
 - B. Systemic disease, ocular disease, astigmatism, presbyopia**
 - C. Sensitivity, Ophthalmometry, Acuity, Pathology**
 - D. Subjective, Objective, Assessment, Plan**
- 2. What does "Scleral Lens" refer to?**
 - A. A small-diameter rigid lens**
 - B. A large-diameter gas-permeable contact lens that vaults over the cornea**
 - C. An easily disposable soft lens**
 - D. A lens designed specifically for astigmatism**
- 3. What is the purpose of a trial lens in fitting?**
 - A. To ensure the lens matches the patient's aesthetics**
 - B. To evaluate the patient's comfort and vision with a specific lens type before prescribing**
 - C. To test the durability of the lens material**
 - D. To compare different brands of lenses**
- 4. How often should daily disposable contact lenses be replaced?**
 - A. Once a week**
 - B. Once every two weeks**
 - C. Every day**
 - D. Once a month**
- 5. What is the primary cause of giant-cell papillary conjunctivitis in contact lens wearers?**
 - A. Chronic irritation from the contact lens**
 - B. Allergic reaction to lens solutions**
 - C. Mechanical irritation from lens edges**
 - D. Short-wearing time of lenses**

- 6. Which tool can help differentiate between a back toric lens and a bitoric lens?**
- A. Radiuscope**
 - B. Keratometer**
 - C. Profile analyzer**
 - D. Lensometer**
- 7. Which polish is most suitable for adjusting or polishing GP lenses?**
- A. Ammonia-based polish**
 - B. Sodium bicarbonate polish**
 - C. Solvent-based polish**
 - D. Water-soluble polish**
- 8. What type of rigid contact lens is used to enhance color vision in patients with color deficiencies?**
- A. light green**
 - B. dark red**
 - C. medium yellow**
 - D. dark blue**
- 9. If the patient's "K" readings are 41.50@75/43.75@165 and a vertex distance is 12.0mm, what should the power be if the lens base curve is ordered at 42.25?**
- A. +4.75D**
 - B. +5.00D**
 - C. +5.25D**
 - D. +6.25D**
- 10. What primary condition can a scleral lens assist with?**
- A. Near-sightedness**
 - B. Farsightedness**
 - C. Corneal irregularities**
 - D. Astigmatism**

Answers

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

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Explanations

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1. What does the acronym SOAP stand for in contact lens examination?

- A. Symptomatology, Over-refraction, Anatomy, Physiology**
- B. Systemic disease, ocular disease, astigmatism, presbyopia**
- C. Sensitivity, Ophthalmometry, Acuity, Pathology**
- D. Subjective, Objective, Assessment, Plan**

The acronym SOAP stands for Subjective, Objective, Assessment, and Plan, which is a widely used framework in the healthcare field, including contact lens examinations. This structured format allows practitioners to systematically gather and organize patient information. In the "Subjective" portion, practitioners record the patient's symptoms, concerns, and perspective about their vision or discomfort. This helps in understanding the patient's experience and needs. The "Objective" section includes measurable data obtained through examination methods, such as visual acuity tests, slit lamp evaluations, and keratometry readings. This provides an accurate, quantifiable picture of the patient's ocular health. The "Assessment" stage involves the clinician's interpretation of the data obtained in the subjective and objective sections. It includes identifying any conditions or issues affecting the patient's vision and relating them to the examination findings. Finally, the "Plan" outlines the next steps for management, which may include prescribing contact lenses, recommending further tests, or suggesting treatments. This systematic approach is essential for ensuring thorough and effective patient care in the context of contact lens fitting and ocular health. Other options do not reflect the widely accepted SOAP format used in clinical settings.

2. What does "Scleral Lens" refer to?

- A. A small-diameter rigid lens**
- B. A large-diameter gas-permeable contact lens that vaults over the cornea**
- C. An easily disposable soft lens**
- D. A lens designed specifically for astigmatism**

"Scleral lens" specifically refers to a large-diameter gas-permeable contact lens that is designed to vault over the cornea and rest on the sclera, which is the white part of the eye. These lenses create a tear-filled space between the lens and the cornea, providing comfort and vision correction for individuals with irregular corneas, severe dry eye, or other ocular surface diseases. The unique design of scleral lenses allows them to distribute pressure evenly across the eye's surface, which can be particularly beneficial for patients who cannot wear standard contact lenses due to corneal irregularities or sensitivities. This vaulting effect also protects the cornea by creating a cushion of tears, promoting healing and comfort. The other options describe different types of lenses that do not fit the specific characteristics of scleral lenses. A small-diameter rigid lens would typically refer to traditional gas-permeable lenses that do not vault over the cornea. Easily disposable soft lenses are generally designed for convenience and wearability, while options specifically for astigmatism would typically refer to toric lenses that are distinct from the design and function of scleral lenses. Thus, the characteristics of option B accurately encapsulate what a scleral lens is.

3. What is the purpose of a trial lens in fitting?

- A. To ensure the lens matches the patient's aesthetics
- B. To evaluate the patient's comfort and vision with a specific lens type before prescribing**
- C. To test the durability of the lens material
- D. To compare different brands of lenses

The purpose of a trial lens in fitting is primarily to evaluate the patient's comfort and vision with a specific lens type before prescribing. This practice allows the practitioner to assess how well the lens fits on the eye, how it feels to the patient, and whether it provides adequate visual acuity. By using trial lenses, the practitioner can ensure that the chosen lens will meet the patient's needs for comfort and vision, leading to a better overall fit and satisfaction once the permanent lenses are prescribed. Trial lenses allow for real-time feedback from the patient, which is essential for fine-tuning the parameters of the lens, such as curvature, diameter, or prescription strength, to achieve optimal results. This process is crucial in establishing a successful contact lens fitting, helping to avoid potential discomfort or visual issues that could arise if lenses were prescribed without prior testing. Although the aesthetic match of the lens, durability testing, and comparison of brands are important considerations in the contact lens fitting process, they do not represent the primary purpose of using a trial lens. The main focus is on ensuring the patient can wear the lenses comfortably and effectively before finalizing their prescription.

4. How often should daily disposable contact lenses be replaced?

- A. Once a week
- B. Once every two weeks
- C. Every day**
- D. Once a month

Daily disposable contact lenses are designed for single-use, meaning they should be worn for one day only and then discarded. This replacement frequency is ideal for maintaining eye health as it helps reduce the risk of infection, irritation, and discomfort that can occur from wearing lenses for longer periods. By replacing them each day, wearers benefit from a fresh pair of lenses that have not accumulated deposits or allergens. This practice contributes to overall eye hygiene and comfort, making it the best option for those who use daily disposable lenses.

5. What is the primary cause of giant-cell papillary conjunctivitis in contact lens wearers?

- A. Chronic irritation from the contact lens**
- B. Allergic reaction to lens solutions**
- C. Mechanical irritation from lens edges**
- D. Short-wearing time of lenses**

Giant-cell papillary conjunctivitis (GPC) is primarily associated with chronic irritation caused by the presence of contact lenses on the ocular surface. This condition often develops when the eyelid comes into contact with the undersurface of a contact lens, leading to inflammation and the formation of giant papillae. The consistent friction and irritation from the contact lens can stimulate an inflammatory response, causing the conjunctiva to develop these papillary formations. Although allergic reactions to lens solutions and mechanical irritation from lens edges can also lead to eye discomfort or inflammation, they are not the primary causes of GPC. Additionally, wearing contact lenses for short periods does not contribute to the development of this condition, as GPC is typically linked to extended wear and improper lens hygiene, which exacerbate chronic irritation. Thus, understanding the mechanism of irritation involved in GPC is crucial for effective management and prevention in contact lens wearers.

6. Which tool can help differentiate between a back toric lens and a bitoric lens?

- A. Radiuscope**
- B. Keratometer**
- C. Profile analyzer**
- D. Lensometer**

A radiuscope is an effective tool for differentiating between a back toric lens and a bitoric lens because it measures the curvature of the lens surface. In a back toric lens, the toricity is located on the back surface of the lens, while a bitoric lens has both the front and back surfaces with different curvatures, creating two distinct areas of toricity. The radiuscope allows the practitioner to evaluate the specific curvatures on the lens and identify the presence of toricity on the back surface, which is crucial in determining whether it is a back toric or bitoric design. Other tools listed, such as a keratometer, primarily measure the curvature of the cornea rather than the lens itself, making them less suitable for distinguishing between these types of lenses. A profile analyzer may provide additional information about the lens, but it is not specifically designed for the kind of curvature measurement needed to differentiate these two types effectively. A lensometer is useful for determining the prescription of the lens and cannot ascertain the specific design features that differentiate a back toric from a bitoric lens.

7. Which polish is most suitable for adjusting or polishing GP lenses?

- A. Ammonia-based polish**
- B. Sodium bicarbonate polish**
- C. Solvent-based polish**
- D. Water-soluble polish**

When adjusting or polishing gas permeable (GP) lenses, the most suitable option is a water-soluble polish. This type of polish is specifically formulated to work effectively with the materials used in GP lenses, ensuring that the polishing process does not damage or compromise the integrity of the lens. Water-soluble polish can effectively remove minor scratches and surface imperfections while minimizing the risk of causing additional damage through excessive abrasion or chemical reactions that may occur with other types of polishes. Additionally, since GP lenses have specific surface properties, using a polish that is compatible with these materials is crucial for maintaining lens clarity and performance. In contrast, ammonia-based polish can be too harsh for GP lenses, potentially leading to damaging effects on their surface. Sodium bicarbonate polish may not have the necessary properties for effective polishing of lens materials, and solvent-based polish poses a risk of damaging the lens material due to chemical interaction. Therefore, water-soluble polish emerges as the best choice for achieving a smooth and clear surface on GP lenses without adverse effects.

8. What type of rigid contact lens is used to enhance color vision in patients with color deficiencies?

- A. light green**
- B. dark red**
- C. medium yellow**
- D. dark blue**

The type of rigid contact lens used to enhance color vision in patients with color deficiencies is dark red. This color lens is particularly beneficial for individuals with red-green color deficiencies, which are the most common types of color blindness. The dark red tint helps filter out certain wavelengths of light, making it easier for those affected to distinguish between colors that they typically have trouble with. By selectively absorbing specific colors of light, dark red lenses can enhance the contrast of colors, thereby allowing patients to perceive colors more distinctly. The adjustment in light perception can lead to an improved ability to differentiate between colors that may otherwise appear similar or indistinguishable. In comparison, other colors such as light green, medium yellow, and dark blue do not provide the same level of filtration or enhancement for individuals with red-green deficiencies. They may not effectively assist in improving color discrimination in the way that dark red lenses do.

9. If the patient's "K" readings are 41.50@75/43.75@165 and a vertex distance is 12.0mm, what should the power be if the lens base curve is ordered at 42.25?

A. +4.75D

B. +5.00D

C. +5.25D

D. +6.25D

In this scenario, the question involves understanding how to calculate the power of a contact lens based on the patient's corneal curvature readings and the vertex distance. The "K" readings indicate the steep and flat meridian keratometry measurements of the patient's cornea, which are necessary for determining the appropriate contact lens power. Given that the lens base curve is ordered at 42.25D, we can use the concepts of vertex distance and the relationship between the cornea's curvature and the lens design to calculate the required power. The formula for adjusting the power of a lens based on vertex distance is as follows: $\text{Adjusted Power} = \text{Lens Power} + (\text{Vertex Distance in mm} \times \text{Lens Power}^2)/1000$. However, in this case, since the ordered base curve (42.25D) is known, the required adjustment can be derived from how far the base curve differs from the K readings. First, it is important to understand that the K readings suggest that the patient's cornea has a slightly steeper curvature than the ordered base curve. This difference indicates that a slightly higher power will be required to achieve adequate alignment and vision correction. Starting from the average K reading, which can be derived from the given values (41.50D and 43

10. What primary condition can a scleral lens assist with?

A. Near-sightedness

B. Farsightedness

C. Corneal irregularities

D. Astigmatism

Scleral lenses are specifically designed to create a tear-filled space between the back of the lens and the cornea. This design is particularly beneficial for individuals with corneal irregularities, which can cause visual distortions and difficulties in maintaining clear vision. Conditions such as keratoconus, corneal ectasia, and severe dry eyes can benefit significantly from the use of scleral lenses. By vaulting over the irregularities of the cornea, scleral lenses provide a smooth optical surface, which can greatly improve visual acuity and comfort. They help to evenly distribute the pressure across the cornea, reducing discomfort associated with various corneal conditions. Thus, addressing corneal irregularities is the primary condition that these lenses are specifically designed to assist with. This makes scleral lenses especially valuable for patients who cannot achieve satisfactory vision with standard soft or rigid gas-permeable lenses.

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://natlcontactlensexam.examzify.com>

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