

NCCPA Recertification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What is the most common cause of irreversible central vision loss in adults?**
 - A. Diabetic retinopathy**
 - B. Retinal detachment**
 - C. Cataracts**
 - D. Macular degeneration**
- 2. Which condition is characterized by thrombosis of the portal vein leading to esophageal varices?**
 - A. Budd Chiari syndrome**
 - B. Cirrhosis**
 - C. Portal hypertension**
 - D. Hepatic encephalopathy**
- 3. Which of the following is NOT a reason to postpone childhood vaccination?**
 - A. Severe allergic reaction history**
 - B. Personal or family history of seizure**
 - C. Mild illness with or without fever**
 - D. Recent positive PPD**
- 4. What condition describes the onset of Tourette disorder following a group A strep infection?**
 - A. PANDAS**
 - B. ADHD**
 - C. Reactive attachment disorder**
 - D. Obsessive-compulsive disorder**
- 5. How is Addison's disease typically diagnosed?**
 - A. Elevated plasma cortisol and decreased ACTH**
 - B. Decreased plasma cortisol and elevated ACTH**
 - C. Normal plasma cortisol and elevated ACTH**
 - D. Normal plasma cortisol and normal ACTH**

- 6. Which antibiotic is commonly recommended for empiric treatment of joint infections?**
- A. Vancomycin**
 - B. Ceftriaxone**
 - C. Piperacillin**
 - D. Clindamycin**
- 7. What is cryptorchidism?**
- A. Inflammation of the testicles**
 - B. A condition where one or both testicles fail to descend into the scrotum**
 - C. A testicular tumor**
 - D. Trauma to the testicles**
- 8. Where are tumors typically found in patients with osteosarcoma?**
- A. Epiphysis of short bones**
 - B. Diaphysis of long bones**
 - C. Metaphysis of long bones**
 - D. Flat bones of the pelvis**
- 9. What is the definitive treatment for sick sinus syndrome?**
- A. Medications**
 - B. Ablation**
 - C. Pacemaker**
 - D. Cardiac surgery**
- 10. What is the first line treatment for uncomplicated cystitis?**
- A. Nitrofurantoin**
 - B. Ciprofloxacin**
 - C. Cephalexin**
 - D. Amoxicillin**

Answers

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

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Explanations

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1. What is the most common cause of irreversible central vision loss in adults?

- A. Diabetic retinopathy**
- B. Retinal detachment**
- C. Cataracts**

D. Macular degeneration

The most common cause of irreversible central vision loss in adults is macular degeneration. This condition primarily affects the macula, the part of the retina responsible for central vision, which is essential for tasks such as reading, driving, and recognizing faces. Age-related macular degeneration (AMD) is particularly prevalent among older adults and can lead to significant visual impairment as it progresses. Macular degeneration is classified into two main types: dry and wet. The dry form is more common and typically progresses more slowly, while the wet form can lead to more rapid vision loss due to the growth of abnormal blood vessels under the retina. Unfortunately, while there are treatments available for the wet form, there is no cure for either type, which solidifies the impact of macular degeneration as a leading cause of irreversible vision loss. In contrast, other conditions such as diabetic retinopathy, retinal detachment, and cataracts, while they can lead to vision impairment, either have better management options or affect vision more diffusely rather than specifically causing central vision loss. For instance, diabetic retinopathy can be treated and its progression managed effectively with proper glucose control and laser treatments, and cataracts can often be surgically removed to restore vision. Retinal detachment can

2. Which condition is characterized by thrombosis of the portal vein leading to esophageal varices?

A. Budd Chiari syndrome

- B. Cirrhosis**
- C. Portal hypertension**
- D. Hepatic encephalopathy**

The condition characterized by thrombosis of the portal vein leading to esophageal varices is accurately identified as Budd-Chiari syndrome. This syndrome involves the obstruction of hepatic venous outflow due to thrombosis of the hepatic veins or the inferior vena cava, which can subsequently impact the portal circulation. When blood flow through the portal vein is compromised, it can lead to increased pressure in the portal system, known as portal hypertension. As a result of this elevated pressure, collateral circulation develops, often causing the formation of esophageal varices due to the engorgement of the blood vessels in the esophagus. In contrast, cirrhosis refers to the scarring of the liver tissue and can lead to portal hypertension, but it is not directly a thrombosis condition in isolation. Portal hypertension itself is the end result of various liver conditions that increase pressure within the portal venous system, including cirrhosis and Budd-Chiari syndrome, rather than a specific condition caused solely by thrombosis. Hepatic encephalopathy, on the other hand, is a neurological condition resulting from liver failure or severe liver disease, not directly linked to portal vein thrombosis. Thus, Budd-Chiari syndrome specifically explains the mechanism of thrombosis

3. Which of the following is NOT a reason to postpone childhood vaccination?

- A. Severe allergic reaction history**
- B. Personal or family history of seizure**
- C. Mild illness with or without fever**
- D. Recent positive PPD**

The correct answer highlights that a personal or family history of seizures is generally not a contraindication for childhood vaccinations. In fact, children with a history of seizures, particularly if they are well-controlled, can receive vaccinations safely. This is particularly relevant because the benefits of vaccination, such as prevention of serious infectious diseases, far outweigh the risks of potential adverse reactions. In contrast, a severe allergic reaction history can lead to the consideration of postponing certain vaccinations, especially those that may contain components the child is allergic to. Mild illnesses, with or without fever, usually do not warrant postponement either; vaccinations can often proceed as the child's immune system is still capable of responding effectively. Lastly, a recent positive PPD test for tuberculosis doesn't inherently affect vaccination schedules and is not a reason to delay vaccinations, although further evaluation might be necessary in the context of possible treatment. Understanding these distinctions is crucial for healthcare providers to ensure that vaccinations are administered in a timely manner, thereby maintaining immunization schedules and protecting children from preventable diseases.

4. What condition describes the onset of Tourette disorder following a group A strep infection?

- A. PANDAS**
- B. ADHD**
- C. Reactive attachment disorder**
- D. Obsessive-compulsive disorder**

The correct answer is PANDAS, which stands for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections. This condition specifically describes the onset or exacerbation of neuropsychiatric symptoms, such as Tourette disorder or obsessive-compulsive disorder (OCD), following a streptococcal infection. In cases of PANDAS, it is believed that the body's immune response to the streptococcus bacteria may inadvertently attack certain brain cells, leading to the development of tics and other behavioral issues. This association emphasizes the need to consider infectious triggers in young patients presenting with sudden changes in behavior or the emergence of tics. Other choices, while relevant in the context of neurological and psychiatric disorders, do not specifically describe the link to a strep infection like PANDAS does. ADHD, reactive attachment disorder, and OCD each have distinct etiologies that do not involve an autoimmune reaction triggered by a recent strep infection, making them less applicable in this context. Understanding the unique features of PANDAS is vital for recognizing its clinical presentation and facilitating appropriate management.

5. How is Addison's disease typically diagnosed?

- A. Elevated plasma cortisol and decreased ACTH
- B. Decreased plasma cortisol and elevated ACTH**
- C. Normal plasma cortisol and elevated ACTH
- D. Normal plasma cortisol and normal ACTH

Addison's disease, also known as primary adrenal insufficiency, is characterized by a failure of the adrenal glands to produce sufficient amounts of cortisol and often aldosterone. When diagnosing this condition, one key physiological response involves measuring levels of cortisol and adrenocorticotropic hormone (ACTH) in the blood. In Addison's disease, the adrenal glands are damaged and unable to produce adequate cortisol, which leads to low plasma cortisol levels. As a compensatory mechanism, the pituitary gland secretes increased amounts of ACTH in an attempt to stimulate the adrenal glands. Therefore, a typical diagnostic finding for Addison's disease includes decreased plasma cortisol levels alongside elevated ACTH levels. This pattern distinguishes Addison's disease from other forms of adrenal insufficiency, such as secondary adrenal insufficiency, where the adrenal glands are functional but are not being adequately stimulated by ACTH due to a lack of pituitary hormone production. In that case, you would expect low levels of both cortisol and ACTH. Thus, the combination of decreased plasma cortisol and elevated ACTH is a hallmark of Addison's disease, making this answer correct in the context of diagnosis.

6. Which antibiotic is commonly recommended for empiric treatment of joint infections?

- A. Vancomycin
- B. Ceftriaxone**
- C. Piperacillin
- D. Clindamycin

In the context of empiric treatment for joint infections, ceftriaxone is the most appropriate choice because it provides broad-spectrum coverage against both Gram-negative and Gram-positive organisms, including common pathogens like *Streptococcus* and *Neisseria*. This makes it a preferred option in cases where a healthcare provider must act quickly to treat potential infectious agents without waiting for specific culture results. Ceftriaxone is a third-generation cephalosporin antibiotic known for its excellent penetration into various body tissues, including the joints, making it effective for joint infections. Additionally, it is commonly used in the treatment of certain types of septic arthritis, especially in patients with suspected gonococcal infection. While vancomycin is effective against MRSA and may be considered in certain cases, it lacks coverage for Gram-negative bacteria, which makes it less ideal as a first-line empiric treatment in joint infections where mixed infections might be suspected. Piperacillin is primarily used in more severe infections or those requiring broader coverage against *Pseudomonas*, and clindamycin is mainly effective against anaerobes and certain Gram-positive infections, making it less suitable as empirical therapy for joint infections.

7. What is cryptorchidism?

- A. Inflammation of the testicles
- B. A condition where one or both testicles fail to descend into the scrotum**
- C. A testicular tumor
- D. Trauma to the testicles

Cryptorchidism refers specifically to a condition in which one or both testicles have not descended into the scrotum. Normally, testicles develop in the abdomen and descend into the scrotal sac before or shortly after birth. When this process is interrupted, the testicle may remain in the abdominal cavity or in the inguinal canal. This condition can lead to various complications, including infertility and an increased risk of testicular cancer if not treated. The other choices describe different aspects of reproductive health. Inflammation of the testicles is known as orchitis; a testicular tumor refers to abnormal growths in the testicle, and trauma to the testicles can refer to physical injuries which may cause pain or damage to the testicular tissue. None of these options accurately depict the specific definition of cryptorchidism, which is characterized by the failure of testicular descent. Thus, the answer that indicates the failure of testicle descent is the accurate representation of cryptorchidism.

8. Where are tumors typically found in patients with osteosarcoma?

- A. Epiphysis of short bones
- B. Diaphysis of long bones
- C. Metaphysis of long bones**
- D. Flat bones of the pelvis

Tumors associated with osteosarcoma are predominantly located in the metaphysis of long bones. The metaphysis is the region of a long bone where growth occurs, situated between the diaphysis (shaft) and the epiphysis (end of the bone). This location is significant because it is a zone of active bone formation and remodeling, which is where osteosarcoma tends to develop due to the rapid proliferation of osteoblasts. Osteosarcoma most commonly occurs in the distal femur, proximal tibia, and proximal humerus, all of which are metaphyseal regions of long bones. This pattern is linked to the high metabolic activity found in these areas, which may predispose them to malignant transformation. Understanding the typical presentation of osteosarcoma is crucial for diagnosis and treatment planning, as it helps physicians identify the characteristic radiological findings and symptoms associated with this aggressive bone cancer.

9. What is the definitive treatment for sick sinus syndrome?

- A. Medications
- B. Ablation
- C. Pacemaker**
- D. Cardiac surgery

The definitive treatment for sick sinus syndrome is the implantation of a pacemaker. Sick sinus syndrome is characterized by an array of abnormal heart rhythms (arrhythmias) resulting from dysfunction of the sinus node, which is responsible for initiating the heartbeat. Symptoms often include bradycardia (slow heart rate), syncope (fainting), fatigue, and palpitations, all of which can significantly impact a patient's quality of life. A pacemaker is an electronic device implanted under the skin of the chest that delivers electrical impulses to stimulate the heart to maintain a regular rhythm and appropriate heart rate. In patients with sick sinus syndrome, the pacemaker effectively ensures that the heart beats regularly, alleviating symptoms and reducing the risk of complications such as syncope or heart failure. While medications may be used to manage certain symptoms or associated conditions, they are not curative for sick sinus syndrome and do not address the underlying electrical conduction issues. Ablation can be a treatment for specific arrhythmias, but it is not considered a definitive treatment for the broader issues presented by sick sinus syndrome. Cardiac surgery is typically reserved for more complex cardiac conditions and is not a primary intervention for this syndrome. Therefore, the implantation of a pacemaker remains the most effective and definitive

10. What is the first line treatment for uncomplicated cystitis?

- A. Nitrofurantoin**
- B. Ciprofloxacin
- C. Cephalexin
- D. Amoxicillin

The first-line treatment for uncomplicated cystitis is Nitrofurantoin. This antibiotic is preferred due to its effectiveness against the most common causative organisms of urinary tract infections (UTIs), particularly *Escherichia coli*. Nitrofurantoin works specifically by targeting the bacteria in the urinary tract and is well-tolerated by most patients. In addition to its effectiveness, Nitrofurantoin has a relatively low risk of developing antibiotic resistance compared to some other antibiotic options. It is also less likely to disrupt the normal flora of the gastrointestinal tract, making it a favorable choice. Other antibiotics mention potential options for treating UTIs, but they may not be the best initial choice for uncomplicated cystitis. For example, while Ciprofloxacin is a broad-spectrum fluoroquinolone that is effective against a wide range of pathogens, it is typically reserved for more complicated cases or when first-line agents are contraindicated due to resistance patterns or patient allergy history. Cephalexin and Amoxicillin might be effective for treating UTIs but have more limitations in terms of resistance and the specific pathogens they eradicate. In summary, Nitrofurantoin is the preferred first-line therapy for uncomplicated cystitis as it is effective, has a favorable resistance profile

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://nccparecertification.examzify.com>

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