

# Oregon Multistate Pharmacy Jurisprudence Examination (MPJE) 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**

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- 1. From what date must out-of-state pharmacists be licensed by the Oregon Board of Pharmacy for patient-specific activities?**
  - A. January 1, 2010**
  - B. April 1, 2009**
  - C. April 1, 2008**
  - D. January 1, 2020**
- 2. What defines medium risk compounding conditions?**
  - A. Use of only non-sterile products**
  - B. Compounds that require complex aseptic manipulations**
  - C. Products administered to one patient only**
  - D. Simpler techniques with fewer products**
- 3. What distinguishes a remote storage area from a secondary storage area?**
  - A. Remote areas must be supervised daily**
  - B. Remote areas are controlled by central pharmacy but are not in the same building**
  - C. Secondary areas have no limitations on access**
  - D. Remote areas only stock prescription medications**
- 4. What should a pharmacist do if they encounter a suspected counterfeit medication?**
  - A. Dispose of it immediately**
  - B. Report it to the FDA**
  - C. Notify local law enforcement**
  - D. Discuss it with the prescriber only**
- 5. Who is responsible for training employees in compounding under division 45?**
  - A. The pharmacy manager**
  - B. The State Board of Pharmacy**
  - C. The Pharmacist-In-Charge (PIC)**
  - D. All licensed pharmacists**

**6. Does a drug need to be AB rated for generic substitution in Oregon?**

- A. Yes, it is mandatory.**
- B. No, it's at the pharmacist's discretion.**
- C. Only if the patient requests it.**
- D. Yes, for all medications.**

**7. What type of medications can dental hygienists prescribe under limited conditions?**

- A. Narcotics and controlled substances**
- B. Fluoride treatments and NSAIDs**
- C. Antibiotics and antidepressants**
- D. Only topical medications**

**8. Under what circumstances is end product testing required?**

- A. For all compounded sterile preparations**
- B. Only for high risk compounded sterile preparations (CSPs)**
- C. Whenever requested by a prescriber**
- D. For low risk compounded sterile preparations only**

**9. What are the annual continuing education requirements for pharmacists?**

- A. 10 hours, with no specific law requirement**
- B. 15 hours including at least one hour in drug law**
- C. 20 hours, with a focus on patient interaction**
- D. 5 hours with no specific topics required**

**10. How many days does an intern have to surrender their license if it is automatically terminated?**

- A. 15 days**
- B. 30 days**
- C. 60 days**
- D. 90 days**

## **Answers**

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

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## **Explanations**

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**1. From what date must out-of-state pharmacists be licensed by the Oregon Board of Pharmacy for patient-specific activities?**

- A. January 1, 2010**
- B. April 1, 2009**
- C. April 1, 2008**
- D. January 1, 2020**

Out-of-state pharmacists must be licensed by the Oregon Board of Pharmacy for patient-specific activities starting from April 1, 2009. This regulation was put in place to ensure that pharmacists engaged in patient care and medication dispensing within Oregon are appropriately licensed and meet the state's standards for practice. Licensing helps maintain public safety and ensures that individuals providing pharmaceutical care are adequately trained and comply with state laws and regulations. The date of April 1, 2009, signifies a specific regulatory milestone indicating when the board established requirements for out-of-state pharmacists to hold a valid Oregon license for engaging in any activities that involve patient interactions or medication dispensing. This aligns with the broader goal of protecting patient health and managing pharmaceutical practices effectively within the state.

**2. What defines medium risk compounding conditions?**

- A. Use of only non-sterile products**
- B. Compounds that require complex aseptic manipulations**
- C. Products administered to one patient only**
- D. Simpler techniques with fewer products**

Medium risk compounding typically refers to the preparation of compounded sterile products that involve specific conditions that make the process more complex. The correct answer highlights that these compounds require complex aseptic manipulations, which can include the mixing of multiple sterile products or using non-sterile ingredients that will be sterilized later in the preparation process. This level of risk is characterized by the potential for environmental contamination and the challenges associated with maintaining aseptic conditions during compounding. Examples include preparing compounded sterile IV medications that involve greater than three component formulations, or when the compounding process includes the use of sterile bulk substances or multiple sterile components combined together that require careful technique to prevent contamination. Other options do not align with the concept of medium risk compounding. For instance, using only non-sterile products relates more to non-sterile compounding, while products administered to one patient only would not necessarily hinge on the complexity of the aseptic process, and simpler techniques with fewer products would typically indicate a lower risk level.

### 3. What distinguishes a remote storage area from a secondary storage area?

- A. Remote areas must be supervised daily**
- B. Remote areas are controlled by central pharmacy but are not in the same building**
- C. Secondary areas have no limitations on access**
- D. Remote areas only stock prescription medications**

The correct choice highlights that a remote storage area is controlled by a central pharmacy and is situated away from the main pharmacy building. This distinction is significant because remote storage areas are typically used to store medications for patient care in locations that are separate from the pharmacy itself, such as hospitals or clinics that require easier access to medications without necessitating a visit to the central pharmacy. The mention of control by the central pharmacy emphasizes the importance of regulatory compliance and inventory management, ensuring that access to these medications is properly monitored. In contrast, while it may appear that the other options could carry some relevant points about pharmacy practices, they do not accurately capture the essence of what defines a remote storage area compared to secondary storage areas. For instance, the assertion about remote areas being supervised daily does not inherently differentiate them from secondary storage areas since both types of storage should adhere to strict regulatory guidelines regarding supervision and access. The idea that secondary areas have no limitations on access is misleading since all pharmacy storage areas are subject to security and access regulations to protect against misuse. Lastly, stating that remote areas only stock prescription medications oversimplifies the purpose of these areas, as they may also include other necessary items for patient care depending on the healthcare setting.

### 4. What should a pharmacist do if they encounter a suspected counterfeit medication?

- A. Dispose of it immediately**
- B. Report it to the FDA**
- C. Notify local law enforcement**
- D. Discuss it with the prescriber only**

When a pharmacist encounters a suspected counterfeit medication, the appropriate action is to report it to the FDA. This is crucial because the FDA has established protocols for handling counterfeit drugs and takes the necessary steps to investigate and mitigate the risks associated with such products. Reporting the incident allows the FDA to gather information on the counterfeit drug's distribution, potential health impacts, and helps protect public safety. Additionally, while other actions may seem relevant, they are not the foremost responsibilities of the pharmacist in this scenario. Disposing of the medication without proper reporting does not provide valuable information to regulatory authorities who can take broader action. Notifying local law enforcement may be necessary in some contexts but is not the primary responsibility of the pharmacist regarding counterfeit medications. Discussing the situation only with the prescriber does not initiate the appropriate regulatory response and fails to address the larger public health implications. Thus, reporting to the FDA is a critical step in ensuring that the issue is escalated to the right authorities equipped to handle such situations effectively.

## 5. Who is responsible for training employees in compounding under division 45?

- A. The pharmacy manager
- B. The State Board of Pharmacy
- C. The Pharmacist-In-Charge (PIC)**
- D. All licensed pharmacists

The Pharmacist-In-Charge (PIC) holds the primary responsibility for ensuring that employees in a pharmacy are properly trained in compounding according to the regulations outlined in Division 45. This responsibility encompasses developing training protocols, overseeing the practical training of staff, and ensuring compliance with state and federal compounding guidelines. The role of the PIC is crucial because they are accountable for the overall operation of the pharmacy, including the integrity and safety of compounded medications. In this capacity, the PIC must verify that all staff members are competent in their duties related to compounding, which includes understanding the relevant procedures and regulations, as well as demonstrating the necessary technical skills. While the pharmacy manager may have operational responsibilities and the State Board of Pharmacy establishes regulations, it is ultimately the pharmacist in charge who ensures that the compounding practices meet the standards set forth by the law and that employees receive adequate training. Additionally, while all licensed pharmacists share a general responsibility for the pharmacy's activities, the PIC has a specific authority and responsibility for the training process within the pharmacy setting.

## 6. Does a drug need to be AB rated for generic substitution in Oregon?

- A. Yes, it is mandatory.
- B. No, it's at the pharmacist's discretion.**
- C. Only if the patient requests it.
- D. Yes, for all medications.

In Oregon, the decision to substitute a brand-name drug with a generic version is generally guided by the concept of bioequivalence, which is indicated by an AB rating. An AB rating signifies that a generic drug meets the standards for biological equivalence to the brand-name drug, ensuring that the two can be used interchangeably without compromising efficacy or safety. However, the process of generic substitution is not rigidly mandatory for pharmacists. Instead, the pharmacist has the discretion to decide whether to substitute a brand-name medication with a generic one based on several factors, including the availability of an AB-rated generic and the individual circumstances of the patient. This means that even if a generic is available, a pharmacist may choose not to substitute it if there are specific reasons not to do so, such as potential patient allergies or previous experiences with the brand-name drug. Additionally, while patients can request a specific medication, the authority for substitution ultimately lies with the pharmacist, who is tasked with ensuring that the substitution is both safe and appropriate for the patient. This reflects a balance between professional judgment and patient-centered care in the decision-making process regarding medication substitution in Oregon.

**7. What type of medications can dental hygienists prescribe under limited conditions?**

- A. Narcotics and controlled substances**
- B. Fluoride treatments and NSAIDs**
- C. Antibiotics and antidepressants**
- D. Only topical medications**

Dental hygienists in Oregon, under specific conditions, are allowed to prescribe fluoride treatments and non-steroidal anti-inflammatory drugs (NSAIDs). This is aligned with their role in promoting oral health and managing pain or discomfort associated with dental care. Fluoride treatments are a common preventive measure in dental hygiene practice, aimed at reducing the incidence of caries (cavities) and strengthening enamel. NSAIDs are utilized for pain management, which is often necessary after dental procedures or to alleviate discomfort from conditions such as gingivitis. The ability for dental hygienists to prescribe these medications reflects their training and expertise in the dental field, while still ensuring that the scope of practice remains within a safe and effective framework. This capability enhances patient care, allowing hygienists to address certain conditions promptly without needing to refer patients to a dentist for minor prescriptions.

**8. Under what circumstances is end product testing required?**

- A. For all compounded sterile preparations**
- B. Only for high risk compounded sterile preparations (CSPs)**
- C. Whenever requested by a prescriber**
- D. For low risk compounded sterile preparations only**

End product testing is a quality control measure essential for ensuring the safety and efficacy of compounded sterile preparations (CSPs). High risk compounded sterile preparations are those that are prepared under conditions that pose a greater potential for contamination or instability. Due to these increased risks, regulatory guidelines mandate end product testing as a necessary step to ensure that the final preparation meets predetermined standards of purity, sterility, and potency. End product testing serves as a critical safeguard, providing assurances that the compounded product is free from harmful microorganisms and is suitable for patient use. This requirement acknowledges the complexities and potential hazards associated with high-risk compounding practices, which may include the use of non-sterile ingredients or compounded products not prepared in accordance with established guidelines. In contrast, the other options do not appropriately reflect the risk categorization outlined in compounding regulations. Low risk compounded sterile preparations may not require the same level of stringent testing, while the necessity for testing based solely on a prescriber's request does not align with objective safety standards. The requirement for all compounded sterile preparations to undergo end product testing would be impractical given the resources involved, especially for lower risk categories that could be subject to different validation processes.

**9. What are the annual continuing education requirements for pharmacists?**

- A. 10 hours, with no specific law requirement**
- B. 15 hours including at least one hour in drug law**
- C. 20 hours, with a focus on patient interaction**
- D. 5 hours with no specific topics required**

The correct answer is that pharmacists are required to complete 15 hours of continuing education annually, which must include at least one hour dedicated specifically to drug law. This requirement reflects the importance of staying updated on legal regulations and changes that impact pharmacy practice, ensuring that pharmacists are well-versed in the legal aspects of their profession as well as maintaining their clinical knowledge. This structure aims to enhance the overall competency of pharmacists, allowing them to provide high-quality care to patients while adhering to applicable laws and regulations. The inclusion of drug law in the continuing education curriculum ensures that pharmacists not only improve their pharmaceutical knowledge but also understand their responsibilities within the legal framework of pharmacy practice, which is crucial in promoting patient safety and effective medication management. The other answer choices do not meet the specific requirements set forth for continuing education in Oregon, as they either understate the required number of hours or fail to include the necessary focus on law. Thus, focusing on the combination of general education hours and the obligation to cover drug law is fundamental for practice in this field.

**10. How many days does an intern have to surrender their license if it is automatically terminated?**

- A. 15 days**
- B. 30 days**
- C. 60 days**
- D. 90 days**

The automatic termination of an intern's license in Oregon necessitates the intern to surrender their license within a specified timeframe, which is 30 days. This requirement is in place to ensure an orderly process of licensure management and accountability within the pharmacy practice. It reflects a standard practice in many regulatory frameworks where a clear timeline is provided for compliance after termination. By mandating the surrender of the license within 30 days, the intention is to uphold the integrity of the pharmaceutical practice and ensure that individuals who are not authorized to practice are not engaging in any professional activities that could potentially harm the public or violate regulatory statutes.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://oregonmpje.examzify.com>**

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

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