

Physician Assistants - Supervising Physicians Practice Test (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

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- 1. How many primary supervisors can a PA have?**
 - A. Not a specific number, but MULTIPLE**
 - B. Exactly one**
 - C. Up to two**
 - D. Up to four**

- 2. A Written Agreement Change Form is not required in which scenario?**
 - A. To terminate a written agreement**
 - B. To change job duties**
 - C. To change prescribing privileges**
 - D. To add/delete practice locations**

- 3. What type of information can lead to longer review times?**
 - A. Correct contact information**
 - B. Clear, concise language**
 - C. Complete signatures**
 - D. Contradictory information**

- 4. What can be provided in lieu of obtaining individual state background checks when outside PA?**
 - A. BOTH a state CHRC from the current state and an FBI Identity History Summary Check**
 - B. Only the FBI Identity History Summary Check**
 - C. A generic background check from a different state**
 - D. No background check is allowed**

- 5. What is a potential consequence of discrepancies in the submitted written agreement?**
 - A. Delay in the review process**
 - B. Immediate approval**
 - C. Automatic renewal**
 - D. Rejection with no possibility to resubmit**

- 6. Before acting under a standing order in PA practice, what must be ensured?**
- A. The standing order must be performed even if the patient is not meeting criteria.**
 - B. The patient must give personal consent each time; standing orders bypass consent.**
 - C. Standing orders authorize any action regardless of patient factors.**
 - D. The patient meets defined criteria, action is within approved protocols, and safety checks are completed.**
- 7. What is the State Board of Medicine license fee for a PA to be licensed?**
- A. \$50**
 - B. \$75**
 - C. \$100**
 - D. \$30**
- 8. Background check reports must be dated within what timeframe relative to application submission?**
- A. 60 days**
 - B. 90 days**
 - C. 120 days**
 - D. 180 days**
- 9. Which statement best differentiates clinical governance from administrative governance in PA practice?**
- A. They are identical.**
 - B. Administrative governance focuses on care quality and safety.**
 - C. Financial oversight is the primary focus of clinical governance.**
 - D. Clinical governance focuses on care quality and safety; administrative governance covers policies, credentialing, privileging, and staffing.**

- 10. Which patient-care scenario requires escalation to the supervising physician?**
- A. Routine follow-up for stable chronic conditions within protocol.**
 - B. Patient requests non-prescribed vitamins.**
 - C. Situations outside protocol or scope, worsening symptoms, adverse reactions, diagnostic uncertainty, requests for restricted therapies, or ethical concerns.**
 - D. A minor admin issue with no clinical impact.**

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Answers

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

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Explanations

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1. How many primary supervisors can a PA have?

- A. Not a specific number, but MULTIPLE**
- B. Exactly one**
- C. Up to two**
- D. Up to four**

The idea being tested is how supervision for a PA is arranged. In many practice settings, there isn't a fixed, universal limit on how many physicians can supervise a PA. A PA can work under multiple supervising physicians who share responsibility for the PA's care, especially in larger clinics or hospital systems where coverage, specialties, and scheduling require different doctors to oversee different aspects of practice. Some environments may designate a primary supervising physician for administrative or billing reasons, but clinically the PA can be supervised by several physicians at different times or in different areas. So there isn't a single mandated number; multiple supervising physicians are allowed and common in many contexts.

2. A Written Agreement Change Form is not required in which scenario?

- A. To terminate a written agreement**
- B. To change job duties**
- C. To change prescribing privileges**
- D. To add/delete practice locations**

The main idea is that a Written Agreement Change Form is for formal amendments to the PA-supervisor agreement. It ensures any change to the contract terms is documented and filed with the appropriate parties. Changing job duties is the scenario where a new form isn't typically needed because those duties can be adjusted within the scope already defined in the Written Agreement and under the established supervision plan. As long as the day-to-day tasks stay within that agreed-upon scope, no formal amendment is required. In contrast, altering prescribing privileges, changing practice locations, or terminating the agreement changes the legal terms or the authorization to practice, so those require an official amendment to the Written Agreement to be valid and properly recorded. If a duty change would extend beyond the current scope, it would then necessitate formal documentation as well.

3. What type of information can lead to longer review times?

- A. Correct contact information**
- B. Clear, concise language**
- C. Complete signatures**
- D. Contradictory information**

Contradictory information causes longer review times because reviewers must reconcile inconsistencies before proceeding. When data don't align—different dates, dosages, patient identifiers, or conflicting notes—someone has to verify which source is correct, contact the involved parties to obtain clarifications, and may require new or corrected submissions. This back-and-forth creates delays and adds risk of further questions or errors if the information isn't harmonized. In contrast, having correct contact information, clear and concise language, and complete signatures helps speed reviews. Easy-to-reach providers, unambiguous notes, and proper authorization reduce the likelihood of back-and-forth and misinterpretation, allowing the reviewer to move forward more quickly.

4. What can be provided in lieu of obtaining individual state background checks when outside PA?

A. BOTH a state CHRC from the current state and an FBI Identity History Summary Check

B. Only the FBI Identity History Summary Check

C. A generic background check from a different state

D. No background check is allowed

The idea being tested is how to satisfy Pennsylvania's background-check requirements when you're not in Pennsylvania. The best approach is to provide both a state criminal history record check from your current state and an FBI Identity History Summary Check. Together, they cover background information at the state level and at the national level, giving the board a comprehensive view of any disqualifying records across jurisdictions. Relying on a single source, like only the FBI check or a generic out-of-state background check, could miss state-specific records or fail to meet PA's criteria, while no background check at all isn't allowed.

5. What is a potential consequence of discrepancies in the submitted written agreement?

A. Delay in the review process

B. Immediate approval

C. Automatic renewal

D. Rejection with no possibility to resubmit

Discrepancies in a submitted written agreement can be handled in a way that keeps the process moving: if the issues are minor and the reviewer has authority to confirm that the terms are now aligned with policy, they may grant immediate approval after a quick reconciliation. In a streamlined workflow, the reviewer can verify that the corrections resolve the inconsistencies and proceed to sign off without delaying the overall timeline. While more complex or unresolved discrepancies typically cause delays or require revisions, the possibility of rapid approval exists when the discrepancies are considered non-material and promptly addressed.

6. Before acting under a standing order in PA practice, what must be ensured?

- A. The standing order must be performed even if the patient is not meeting criteria.**
- B. The patient must give personal consent each time; standing orders bypass consent.**
- C. Standing orders authorize any action regardless of patient factors.**
- D. The patient meets defined criteria, action is within approved protocols, and safety checks are completed.**

Standing orders work by applying predefined criteria and an approved protocol so care can be delivered safely and efficiently for patients who fit the protocol. Before acting, you verify that the patient actually meets the defined criteria, that the action is within the scope of the approved protocol, and that all safety checks are completed (such as checking allergies, contraindications, dosing limits, and monitoring plans). This combination ensures the intervention is appropriate for the patient and safeguarded, which is why this option is the best. Actions taken when criteria aren't met bypass safeguards, and relying on consent for every instance isn't how standing orders are designed to function, as the protocol itself governs appropriate use and safety.

7. What is the State Board of Medicine license fee for a PA to be licensed?

- A. \$50**
- B. \$75**
- C. \$100**
- D. \$30**

Licensure fees are set by the State Board of Medicine and cover the cost of processing the application and issuing the license. For a physician assistant seeking initial licensure in this context, the current fee is thirty dollars. That's why thirty dollars is the correct choice. The other amounts do not match the board's fee schedule for initial licensure, though renewal or additional services can carry separate charges.

8. Background check reports must be dated within what timeframe relative to application submission?

- A. 60 days
- B. 90 days**
- C. 120 days
- D. 180 days

Recency of background check information matters. The required practice is to have the report dated within a limited window before you submit the application so the data stays current. The standard window is within ninety days of submission, meaning the report should be dated no more than about three months before you apply. This helps ensure any new convictions, sanctions, or other changes are captured before the application is finalized. If the report is older than ninety days, many programs will require an updated check, which can delay processing. A shorter window like sixty days could miss changes that occur after the check is performed but before submission, while a longer window such as one hundred twenty or one hundred eighty days increases the risk of outdated information being used.

9. Which statement best differentiates clinical governance from administrative governance in PA practice?

- A. They are identical.
- B. Administrative governance focuses on care quality and safety.
- C. Financial oversight is the primary focus of clinical governance.
- D. Clinical governance focuses on care quality and safety; administrative governance covers policies, credentialing, privileging, and staffing.**

Clinical governance is about how patient care is actually delivered—the focus is on quality, safety, clinical standards, and outcomes. Administrative governance, on the other hand, provides the organizational framework that supports that care, including policies, credentialing, privileging, staffing, and other administrative controls. So the statement that clinical governance focuses on care quality and safety while administrative governance covers policies, credentialing, privileging, and staffing accurately captures the distinction. It aligns with how PA practice is regulated: clinicians drive quality and safety improvements, while the administration ensures the proper structures, approvals, and resources are in place to support safe, ethical care. Choices that claim they are identical, or that administrative governance centers on care quality and safety, or that financial oversight is the main focus of clinical governance mix roles and priorities and don't reflect who is responsible for improving clinical outcomes versus managing organizational processes.

10. Which patient-care scenario requires escalation to the supervising physician?

- A. Routine follow-up for stable chronic conditions within protocol.**
- B. Patient requests non-prescribed vitamins.**
- C. Situations outside protocol or scope, worsening symptoms, adverse reactions, diagnostic uncertainty, requests for restricted therapies, or ethical concerns.**
- D. A minor admin issue with no clinical impact.**

Escalation to the supervising physician is needed when the care plan goes beyond what's covered by the protocol or your scope of practice, or when the clinical situation is unstable or uncertain. Specifically, you should involve the supervisor if the patient's condition worsens, if there are adverse reactions, if a diagnosis is unclear, if a patient requests restricted therapies or treatments that aren't within your authority, or if ethical concerns arise. These scenarios require a higher level of judgment, review, and sometimes authorization to ensure patient safety and legal compliance. Routine follow-up for stable conditions within protocol is standard care staying within defined guidelines, so no escalation is typically necessary. A patient requesting non-prescribed vitamins, while needing appropriate counseling and safety checks, does not automatically require supervisor escalation unless there's a safety risk or another red flag. A minor administrative issue with no clinical impact also does not require physician escalation since it doesn't affect patient care decisions or safety.

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://pasupervisingphysicians.examzify.com>

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

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