

# Registered Electrical Engineering Licensure 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 required for Medicare hospice benefit recertifications?**
  - A. Annual patient surveys**
  - B. Face-to-face encounter with a hospice physician or NP**
  - C. Telephonic updates from family members**
  - D. Regular lab tests for all patients**
- 2. What is a known side effect of methadone?**
  - A. Drowsiness**
  - B. Prolonged QT interval**
  - C. Increased heart rate**
  - D. Severe nausea**
- 3. An ethics of care primarily focuses on what aspect of nursing practice?**
  - A. The techniques used in patient care**
  - B. How and why nurses care for patients**
  - C. Theoretical principles of nursing**
  - D. Administrative tasks in healthcare**
- 4. What happens to a patient when they revoke the Medicare hospice benefit?**
  - A. The patient will receive additional hospice days**
  - B. The patient will lose the remaining days of the current period**
  - C. The patient will be automatically enrolled in a hospital program**
  - D. The patient will continue receiving hospice services regardless**
- 5. What is the major symptom of type A chronic obstructive pulmonary disease (COPD), specifically emphysema?**
  - A. Wheezing**
  - B. Coughing**
  - C. Fatigue**
  - D. Dyspnea**



- 6. How often must the interdisciplinary group review and document an individualized plan, according to the Medicare hospice benefit?**
- A. Every 10 days**
  - B. Every 30 days**
  - C. Every 15 days**
  - D. Monthly**
- 7. Which type of pain is poorly localized and often cramping?**
- A. Nociceptive pain**
  - B. Somatic pain**
  - C. Visceral pain**
  - D. Neuropathic pain**
- 8. What is the primary goal of palliative sedation?**
- A. To maintain life at all costs**
  - B. To relieve refractory symptoms in terminally ill patients**
  - C. To hasten the patient's death**
  - D. To encourage patient awareness**
- 9. What does the Rule of Double Effect (RDE) address in medical ethics?**
- A. Actions with only positive outcomes**
  - B. Actions with intended positive effects and unforeseen negative consequences**
  - C. Actions that can be ignored if they cause harm**
  - D. Actions that require only patient consent**
- 10. For how long can breakthrough pain medication be given as needed?**
- A. Every 2-4 hours**
  - B. Every 1-2 hours**
  - C. Every hour**
  - D. Every day**

## **Answers**

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

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## **Explanations**

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**1. What is required for Medicare hospice benefit recertifications?**

**A. Annual patient surveys**

**B. Face-to-face encounter with a hospice physician or NP**

**C. Telephonic updates from family members**

**D. Regular lab tests for all patients**

For Medicare hospice benefit recertifications, a face-to-face encounter with a hospice physician or nurse practitioner is mandated. This requirement ensures that a clinician can evaluate the patient's condition directly, assess the ongoing need for hospice care, and confirm that the patient is within the terminal prognosis designated by their illness. This regulation aims to maintain a high standard of care and oversight, ensuring patients are appropriately receiving hospice services based on their medical status. The face-to-face encounter typically occurs within a specific timeframe prior to the recertification and involves a comprehensive review of the patient's health, which is crucial for determining continued eligibility for hospice care under Medicare guidelines. This process helps to facilitate accurate communication and care planning between the care team and the patient's family.

**2. What is a known side effect of methadone?**

**A. Drowsiness**

**B. Prolonged QT interval**

**C. Increased heart rate**

**D. Severe nausea**

Methadone is known to potentially prolong the QT interval, which is a measure of the time it takes for the heart to depolarize and repolarize during each heartbeat. An extended QT interval can raise the risk of serious arrhythmias, particularly Torsades de Pointes, which can lead to sudden cardiac death. Patients who are prescribed methadone should be regularly monitored with electrocardiograms (ECGs) to detect any changes in the QT interval, especially if they are taking other medications that also affect cardiac repolarization. Having this awareness of the side effects is crucial for both healthcare providers and patients, as it informs risk assessment and management of treatment regimens. While drowsiness, increased heart rate, and severe nausea could potentially occur with methadone use, these are not as specifically characteristic or as significant in clinical consideration as the risk of QT prolongation.

**3. An ethics of care primarily focuses on what aspect of nursing practice?**

- A. The techniques used in patient care**
- B. How and why nurses care for patients**
- C. Theoretical principles of nursing**
- D. Administrative tasks in healthcare**

The ethics of care emphasizes the relational and emotional dimensions of nursing practice, focusing on the ways in which nurses provide care to patients. This perspective is rooted in the understanding that caring is a fundamental aspect of the nurse-patient relationship. It encourages nurses to reflect on the motivations behind their actions and to prioritize the well-being and individuality of their patients. In this context, understanding how and why nurses care for patients leads to a deeper appreciation of the ethical considerations that shape their interactions. It recognizes the importance of empathy, compassion, and personal involvement in the provision of care, distinguishing it from a purely technical or administrative approach. This focus on relational ethics enriches nursing practice and improves patient outcomes by fostering trust and understanding in the nurse-patient relationship.

**4. What happens to a patient when they revoke the Medicare hospice benefit?**

- A. The patient will receive additional hospice days**
- B. The patient will lose the remaining days of the current period**
- C. The patient will be automatically enrolled in a hospital program**
- D. The patient will continue receiving hospice services regardless**

When a patient revokes the Medicare hospice benefit, they effectively terminate their participation in the hospice program. This decision results in the loss of any remaining days of the current hospice benefit period. Once hospice care is revoked, the patient transitions to standard medical care rather than continuing to receive the specialized services offered by hospice. It is important to highlight that the hospice benefit is designed to provide care for those with terminal illnesses, and revocation means that the patient is opting out of this specialized support and focusing on other possible treatment avenues, which could also include palliative care without the hospice label. The other choices reflect misunderstandings about what occurs when hospice benefits are revoked. For instance, there are no additional hospice days granted, nor is the patient automatically enrolled in a hospital program upon revocation. Additionally, once the benefit is revoked, the patient will no longer receive hospice services. Understanding the implications of revoking hospice care is crucial for patients and families as they navigate end-of-life care options.

**5. What is the major symptom of type A chronic obstructive pulmonary disease (COPD), specifically emphysema?**

- A. Wheezing**
- B. Coughing**
- C. Fatigue**
- D. Dyspnea**

The major symptom of type A chronic obstructive pulmonary disease (COPD), specifically emphysema, is dyspnea, which refers to difficulty or labored breathing. In emphysema, the walls of the air sacs (alveoli) are damaged, leading to reduced surface area for gas exchange. This results in the lungs becoming less efficient at oxygenating the blood and expelling carbon dioxide. As a consequence, individuals with emphysema often experience shortness of breath, especially during physical activities or when exerting themselves. Dyspnea is particularly prominent in emphysema patients because their ability to exhale fully is compromised. The destruction of lung tissue impairs airflow, causing a feeling of breathlessness that can progressively worsen over time. This symptom is critical in diagnosing and managing the disease, as it impacts the patient's overall quality of life and functional capacity. While wheezing, coughing, and fatigue can also be present in emphysema, they are not as defining as dyspnea. Wheezing is more commonly associated with other airway obstructions, coughing may not be as pronounced in emphysema compared to chronic bronchitis, and fatigue often results from the body's increased effort in breathing. However, dyspnea stands out as the hallmark

**6. How often must the interdisciplinary group review and document an individualized plan, according to the Medicare hospice benefit?**

- A. Every 10 days**
- B. Every 30 days**
- C. Every 15 days**
- D. Monthly**

The interdisciplinary group must review and document an individualized plan every 15 days according to the Medicare hospice benefit. This frequent review ensures that the care provided to hospice patients is continually aligned with their changing medical conditions and personal preferences. Regular updates to the plan foster effective communication among the care team members and facilitate timely adjustments to the patient's care regimen, which is critical for meeting their needs during hospice care. The emphasis on a 15-day review period helps maintain a high standard of care and supports the overall well-being of patients in a hospice setting.

**7. Which type of pain is poorly localized and often cramping?**

- A. Nociceptive pain**
- B. Somatic pain**
- C. Visceral pain**
- D. Neuropathic pain**

Visceral pain is characterized by its poor localization and often presents as a cramping sensation. This type of pain originates from the internal organs, such as the heart, lungs, and gastrointestinal tract, and is typically diffuse and difficult to pinpoint. The signals from internal organs follow different pathways than those from superficial tissues, which is why visceral pain is often less precise in terms of location. Cramping is a common descriptor of visceral pain, largely because it can be associated with muscle contractions within hollow organs, such as the intestines or bladder, which may produce a sensation that feels like spasms. Additionally, visceral pain is often accompanied by other symptoms, such as nausea or changes in heart rate, which can further complicate its identification and understanding. Nociceptive pain, on the other hand, is related directly to tissue damage and is usually well localized. Somatic pain refers to damage to the skin, muscles, and joints and is generally more easily identified in terms of location. Neuropathic pain, stemming from nerve damage, is often described as sharp or burning and may be associated with abnormal sensations, but is also not typically cramping in nature.

**8. What is the primary goal of palliative sedation?**

- A. To maintain life at all costs**
- B. To relieve refractory symptoms in terminally ill patients**
- C. To hasten the patient's death**
- D. To encourage patient awareness**

The primary goal of palliative sedation is to relieve refractory symptoms in terminally ill patients. Palliative sedation is a medical intervention used primarily in end-of-life care for patients experiencing severe distress that cannot be alleviated by other means. This practice involves the administration of sedative medications to reduce consciousness and thus alleviate discomfort, anxiety, or pain while allowing the patient to maintain a level of dignity during the dying process. This approach is particularly important for symptoms that are not responsive to typical pain management strategies or other treatments. It emphasizes the ethical principle of alleviating suffering rather than prolonging life or hastening death. While it can significantly improve the quality of the patient's remaining time, the intention is to prioritize comfort and quality of life in the final stages rather than to intentionally hasten the dying process or maintain life at all costs. Therefore, the focus on patient comfort and symptom relief underscores why this answer is both correct and crucial in understanding the role of palliative sedation in patient care.



**9. What does the Rule of Double Effect (RDE) address in medical ethics?**

- A. Actions with only positive outcomes**
- B. Actions with intended positive effects and unforeseen negative consequences**
- C. Actions that can be ignored if they cause harm**
- D. Actions that require only patient consent**

The Rule of Double Effect (RDE) is a principle in medical ethics that applies to situations in which an action has both positive and negative consequences. The rule acknowledges that it is sometimes permissible to perform an action that leads to a harmful effect, as long as the intention behind the action is to achieve a good outcome, and the negative consequences are unforeseen or unintended. In the context of medical ethics, this principle is particularly relevant in end-of-life care and pain management. For instance, administering a treatment that may alleviate severe pain but could also hasten death is often evaluated under the RDE. The key considerations here include the intention of the healthcare provider (to relieve suffering) and the awareness that harmful effects (such as potential overdose or risk of death) are not the desired outcome but rather a possible secondary effect. Thus, when evaluating actions that involve both intended positive effects and the chance of unforeseen negative consequences, the Rule of Double Effect provides a framework to assess the ethical permissibility of those actions in medical practice.

**10. For how long can breakthrough pain medication be given as needed?**

- A. Every 2-4 hours**
- B. Every 1-2 hours**
- C. Every hour**
- D. Every day**

Breakthrough pain medication is typically administered to manage episodes of pain that are not adequately controlled by ongoing pain management therapies. The correct frequency for administering breakthrough pain medications is every 1-2 hours as needed. This interval allows for timely relief of pain while minimizing the risk of excessive sedation or other side effects that may occur with more frequent dosing. The rationale behind this timing is that breakthrough pain episodes can occur unexpectedly and require prompt treatment to maintain patient comfort and functionality. Allowing a 1-2 hour window provides sufficient time for the medication to take effect while still addressing the potential for recurrent pain. While options suggesting longer intervals, like every 2-4 hours or daily, may be applicable in other contexts, those do not align with the immediate nature of breakthrough pain management, where timely intervention is crucial. Similarly, administering medication every hour may not be practical or safe, as it risks overdosing or increased side effects. The focus on effective pain management while considering patient safety leads to the conclusion that the 1-2 hour interval is the most appropriate for administering breakthrough pain medication.

# 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://hospiceandpalliative-registerednurse.examzify.com>**

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