

TECHNICIAN DEVELOPMENT PROGRAM I PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. Which of the following medications is allowed up to 5 refills in 6 months?

- A. Diazepam (Schedule IV)
- B. Amoxicillin (Non-controlled)
- C. Acetaminophen (Non-legend)
- D. Methylphenidate (Schedule II)

2. Which statement best describes days supply?

- A. The number of days a prescription will last given the dosage and quantity, excluding refills
- B. The number of days before the prescription expires
- C. The number of days to wait before starting therapy
- D. The number of days the pharmacy will hold a prescription before shipping

3. How do you read a metric micrometer to the nearest 0.01 mm?

- A. Read the sleeve scale for whole millimeters and tenths; read the thimble scale for hundredths; add both for final measurement
- B. Read only the thimble
- C. Estimate by feel
- D. Use digital display only

4. When "1 CAP PO Q8H 10D" appears on a hard copy, it means:

- A. Take 1 tablet by mouth every 8 hours for 10 days
- B. Take 1 capsule 8 times a day for 10 days
- C. Take 1 capsule by mouth every 8 hours for 10 days
- D. Take one capsule by mouth every 4 hours for 10 days

5. Which action is appropriate if a Medicaid prescription lacks tamper-resistant features and is not a controlled substance?

- A. Contact prescriber to verify
- B. Refuse to fill
- C. Do nothing special
- D. Advise patient to challenge the pharmacy

6. If you see a hole callout of $\varnothing 10.0 \pm 0.1$ on a mechanical drawing, which statement is correct?
- A. The hole diameter must be exactly 10.0 mm.
 - B. The hole diameter can vary with no defined range.
 - C. The hole diameter must be between 9.9 mm and 10.1 mm.
 - D. The tolerance applies to its depth.
7. Which of the following is FALSE regarding Third Party prescriptions?
- A. It is critical to process claims correctly
 - B. We are in a partnership with the insurance plan and the patient
 - C. Documentation is critical
 - D. Unclear directions of 'UD' are acceptable
8. Describe the 5 Whys technique used in problem solving.
- A. Repeatedly asking 'why' to drill down to root cause.
 - B. Testing five hypotheses simultaneously.
 - C. Documenting five steps in problem solving.
 - D. Five people brainstorm.
9. How many milliliters are in 12 ounces?
- A. 360
 - B. 240
 - C. 120
 - D. 1200
10. What is the approximate days supply for a Timolol (Timoptic) Ophthalmic Solution bottle sized 15 mL with dosing of 2 gtts OU q12h?
- A. 28 days
 - B. 37 days
 - C. 50 days
 - D. 75 days

Answers

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

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Explanations

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1. Which of the following medications is allowed up to 5 refills in 6 months?

- A. Diazepam (Schedule IV)
- B. Amoxicillin (Non-controlled)
- C. Acetaminophen (Non-legend)
- D. Methylphenidate (Schedule II)

Refill limits are dictated by the schedule of the controlled substance. Schedule IV medications, like diazepam, may be dispensed with up to five refills within six months after the initial prescription. That makes it eligible for the 5-refills-in-6-months rule. Methylphenidate is Schedule II, which has no refills at all—each fill requires a new prescription. Amoxicillin is non-controlled, so there isn't a federal 5-refill limit; refills depend on what the prescriber indicates. Acetaminophen is OTC and not prescribed, so the concept of prescription refills doesn't apply. So diazepam fits the 5 refills in 6 months rule, making it the best answer.

2. Which statement best describes days supply?

- A. The number of days a prescription will last given the dosage and quantity, excluding refills
- B. The number of days before the prescription expires
- C. The number of days to wait before starting therapy
- D. The number of days the pharmacy will hold a prescription before shipping

Days supply is the number of days a prescription will cover based on the prescribed dose and the amount dispensed. It's found by dividing the total quantity dispensed by how many units are taken each day. For example, if 90 tablets are dispensed and the patient takes one tablet daily, the days supply is 90 days. If the same 90 tablets are taken at two per day, the days supply is 45 days. Refills don't affect the days supply of this specific fill; they only provide additional medication in future fills. The other options describe expiration timing, waiting before starting therapy, or holding the prescription, which aren't what days supply measures.

3. How do you read a metric micrometer to the nearest 0.01 mm?

- A. Read the sleeve scale for whole millimeters and tenths; read the thimble scale for hundredths; add both for final measurement
- B. Read only the thimble
- C. Estimate by feel
- D. Use digital display only

Reading a metric micrometer to 0.01 mm comes from using both scales together. The sleeve provides the larger part of the measurement in millimeters and the tenths, while the thimble adds the remaining hundredths. Because one turn of the spindle moves 0.5 mm and the thimble is divided into 50 parts, each thimble division is 0.01 mm. When you align a line on the thimble with the sleeve, you're reading the hundredths, and you add that to what you already have on the sleeve (the millimeters and tenths). This combination gives you a measurement accurate to 0.01 mm. Reading only the thimble would miss the larger millimeter part, estimation by feel isn't precise, and a digital display, when present, isn't how you interpret the traditional analog scales.

4. When "1 CAP PO Q8H 10D" appears on a hard copy, it means:

- A. Take 1 tablet by mouth every 8 hours for 10 days
- B. Take 1 capsule 8 times a day for 10 days
- C. Take 1 capsule by mouth every 8 hours for 10 days**
- D. Take one capsule by mouth every 4 hours for 10 days

Reading prescription shorthand: 1 CAP means one capsule, PO is by mouth, Q8H means every eight hours, and 10D indicates duration of 10 days. So the instruction means: take one capsule by mouth every eight hours for ten days. This results in roughly three doses per day (morning, afternoon, and night), not eight times per day or any other interval. The information isn't about a different route or form, just the capsule, oral administration, with the specified frequency and duration.

5. Which action is appropriate if a Medicaid prescription lacks tamper-resistant features and is not a controlled substance?

- A. Contact prescriber to verify**
- B. Refuse to fill
- C. Do nothing special
- D. Advise patient to challenge the pharmacy

Tamper-resistant prescription standards are in place to prevent fraud and ensure Medicaid payments are used for legitimate medications. When a Medicaid prescription arrives without tamper-resistant features, the pharmacist should verify its legitimacy by contacting the prescriber. Reaching out to confirm the prescriber's intent or requesting a reissue that meets tamper-resistant requirements helps ensure the patient receives the correct medication and that the prescription is eligible for Medicaid reimbursement, even if the drug isn't a controlled substance. Refusing to fill, doing nothing, or telling the patient to challenge the pharmacy aren't appropriate responses in this situation because they either block care or don't address the legitimacy concern.

6. If you see a hole callout of $\varnothing 10.0 \pm 0.1$ on a mechanical drawing, which statement is correct?

- A. The hole diameter must be exactly 10.0 mm.
- B. The hole diameter can vary with no defined range.
- C. The hole diameter must be between 9.9 mm and 10.1 mm.**
- D. The tolerance applies to its depth.

Interpreting a hole size callout: the $\varnothing$ symbol marks a hole, and the number 10.0 is the nominal diameter. The ± 0.1 means a bilateral tolerance, so the allowable diameter ranges from 9.9 mm to 10.1 mm. Any size within that band is acceptable, and this tolerance applies to the diameter dimension itself, not to depth unless depth is specified separately. So the hole must be between 9.9 and 10.1 mm.

7. Which of the following is FALSE regarding Third Party prescriptions?

- A. It is critical to process claims correctly
- B. We are in a partnership with the insurance plan and the patient
- C. Documentation is critical
- D. Unclarified directions of 'UD' are acceptable**

The situation tests how you handle information accuracy and communication in third-party prescriptions. Clear, explicit directions are essential because the pharmacy is coordinating among the patient, the prescriber, and the insurer. If directions are vague or rely on an abbreviation like UD (use as directed) without specifics, that creates risk: the patient could receive the wrong dose or duration, and the claim may be disputed or denied. Therefore, unclarified directions are not acceptable and you should seek explicit dosing, frequency, and duration before dispensing, documenting any clarification steps. The other statements reflect real practice: processing claims correctly is critical because payers rely on precise drug, strength, quantity, and directions to approve reimbursement, and mistakes can cause delays or audits. The relationship with the insurance plan and the patient hinges on clear communication and accurate documentation, so every step—from verifying coverage to recording the dispensing details—supports safety, compliance, and smooth billing.

8. Describe the 5 Whys technique used in problem solving.

- A. Repeatedly asking 'why' to drill down to root cause.**
- B. Testing five hypotheses simultaneously.
- C. Documenting five steps in problem solving.
- D. Five people brainstorm.

The main idea is using an iterative "why" line of questioning to uncover the root cause of a problem. In the 5 Whys approach, you start with the problem you've observed and ask why it happened. Then you take the answer and ask why that happened, and continue this questioning sequence. The aim is to peel back layers of symptoms to reach the underlying cause that, if addressed, would prevent recurrences. It's a simple, fast method that keeps you focused on evidence rather than assumptions, and it's common in lean and problem-solving practices because it helps teams avoid jumping to solutions based on surface symptoms. It's not about testing multiple hypotheses at once, not a fixed five-step procedure, and not a group brainstorming session—it's about the disciplined, iterative interrogation of cause and effect until a root cause emerges.

9. How many milliliters are in 12 ounces?

- A. 360
- B. 240
- C. 120**
- D. 1200

Converting fluid ounces to milliliters uses the factor 1 fluid ounce $\approx$ 29.57 ml. Multiply by 12: $12 \times 29.57 \approx 354.84$ ml, so about 355 ml. For quick estimates, 12 oz is often rounded to 360 ml. This aligns with the idea that 8 oz $\approx$ 240 ml and 4 oz $\approx$ 120 ml, placing 12 oz around the 360 ml mark.

10. What is the approximate days supply for a Timolol (Timoptic) Ophthalmic Solution bottle sized 15 mL with dosing of 2 gtts OU q12h?

A. 28 days

B. 37 days

C. 50 days

D. 75 days

The concept being tested is calculating days' supply by converting the bottle volume into drops and relating that to how many drops are used each day. First, estimate how many drops are in the bottle. A common assumption is about 20 drops per milliliter, so a 15 mL bottle contains roughly 300 drops. Next, apply the dosing schedule. The order 2 drops in both eyes every 12 hours means 2 drops per eye per dose, given twice a day, which totals 4 drops per day. Now divide the total drops by daily use: $300 \text{ drops} \div 4 \text{ drops/day} \approx 75 \text{ days}$. So, under typical ophthalmic dosing and drop-size conventions, the approximate days' supply is about 75 days. (Note: actual days can vary slightly with different drop sizes used by manufacturers, but 75 days is the standard estimate with the common 20 drops per mL assumption.)

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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://techniciandevprogram1.examzify.com>

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

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