

# The Physician Assistant (PA) Profession Exam 1 Practice (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. Which physician is associated with suggesting non-physician clinical support personnel to help alleviate care disparities?**
  - A. Eugene Stead**
  - B. Buddy Treadwell**
  - C. Johnson**
  - D. Charles L. Hudson, MD**
  
- 2. National PA Day was established in which year?**
  - A. 1985**
  - B. 1990**
  - C. 1993**
  - D. 1987**
  
- 3. The PA scope of practice is determined by which of the following?**
  - A. State**
  - B. Practice**
  - C. Federal**
  - D. Facility**
  
- 4. Which of the following is an element of foundational modernization?**
  - A. Licensure as regulatory term**
  - B. Number of PAs a physician may practice with**
  - C. Full prescriptive authority**
  - D. Adaptable collaboration requirements**
  
- 5. Which statement best characterizes a medical specialist?**
  - A. They manage a broader range of illnesses than generalists**
  - B. They have expertise focused on a limited set of diseases**
  - C. They are less trained than generalists**
  - D. They primarily provide preventive care**

- 6. In which year was the first PA class established?**
- A. 1965**
  - B. 1964**
  - C. 1966**
  - D. 1967**
- 7. The organization now known as American Academy of PAs was originally named what?**
- A. American College of Physicians**
  - B. American Association of Physician Assistants**
  - C. American Academy of Family Physicians**
  - D. American Surgical Association**
- 8. After passing PANCE, what designation can PAs use?**
- A. PA-C**
  - B. PA**
  - C. NP**
  - D. MD**
- 9. Which of the following is NOT listed as an activity of the AAPA?**
- A. Equipping PAs for expanded opportunities in healthcare**
  - B. Creating progressive work environments for PAs**
  - C. Coordinating international medical missions for physicians assistants**
  - D. Fostering AAPA organizational effectiveness and sustainability**
- 10. Which statement best describes how PA scope of practice is determined?**
- A. Practice level**
  - B. Practice level, education, experience, state laws, and patient needs**
  - C. Federal law**
  - D. Personal preference**

## Answers

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

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## **Explanations**

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**1. Which physician is associated with suggesting non-physician clinical support personnel to help alleviate care disparities?**

- A. Eugene Stead
- B. Buddy Treadwell
- C. Johnson
- D. Charles L. Hudson, MD**

The idea here is recognizing the need to extend medical care by using clinicians who are not physicians to reach underserved populations. Charles L. Hudson, MD, is the physician most closely associated with advocating for non-physician clinical support personnel to help alleviate care disparities. He emphasized creating a cadre of physician extenders who could deliver essential care and free physicians to tackle more complex cases, laying groundwork for the later development of physician assistants and other non-physician clinicians. While Eugene Stead is pivotal for initiating the physician assistant concept and training programs, the specific association with proposing non-physician support personnel to reduce disparities points to Hudson.

**2. National PA Day was established in which year?**

- A. 1985
- B. 1990
- C. 1993
- D. 1987**

National PA Day is tied to the history of the Physician Assistant profession. It was established in 1987 to commemorate roughly the 20th anniversary of the profession's origin, marking the first graduating class in 1967. Choosing 1987 honors that milestone and highlights how far the field had come since its beginnings. The other years don't line up with that anniversary milestone.

**3. The PA scope of practice is determined by which of the following?**

- A. State
- B. Practice**
- C. Federal
- D. Facility

The ability of a PA to perform tasks is defined by the practice setting in which they operate. This means the rules that actually govern what a PA can do come from the practice environment—primarily the state practice acts and the supervising physician agreements and protocols in that setting. Federal requirements set broad standards and accreditation basics, but they do not define the day-to-day scope of practice for a PA. A facility can shape how care is delivered through policies, but those policies cannot expand authority beyond what the state- and practice-act framework allows. So the safest, most accurate way to describe scope of practice is that it is determined by the practice—the combination of state regulations and the specific supervisory and clinical protocols in use.

**4. Which of the following is an element of foundational modernization?**

- A. Licensure as regulatory term**
- B. Number of PAs a physician may practice with**
- C. Full prescriptive authority**
- D. Adaptable collaboration requirements**

Foundational modernization aims to expand a PA's ability to deliver comprehensive care within modern healthcare teams. The most impactful element is full prescriptive authority, because it directly widens what a PA can do in patient management. When PAs have the authority to prescribe medications, they can diagnose and treat across acute and chronic conditions without delays or the need to defer treatment for authorization. This autonomy supports timely care, improves patient access, and aligns PA practice with how contemporary healthcare teams operate. Licensure as a regulatory term echoes how professionals are regulated but doesn't itself drive modernization of practice rights. The number of PAs a physician may practice with relates to supervision structure and workforce planning rather than altering the PA's clinical scope. Adaptable collaboration requirements could be part of modernization, but without full prescriptive authority, PAs still face barriers to complete patient care. Thus, full prescriptive authority best represents the modernization of an independent, effective PA role.

**5. Which statement best characterizes a medical specialist?**

- A. They manage a broader range of illnesses than generalists**
- B. They have expertise focused on a limited set of diseases**
- C. They are less trained than generalists**
- D. They primarily provide preventive care**

Focused expertise on a limited set of diseases defines a medical specialist. Specialists devote their training and practice to a narrow area within medicine, enabling deep knowledge and skill in diagnosing and treating conditions within that domain—think of a cardiologist focusing on heart diseases or a dermatologist on skin disorders. This contrasts with generalists, who manage a broad range of illnesses and provide ongoing, comprehensive care across many modalities. Specialists often pursue additional fellowship training after residency to deepen their expertise, so the idea that they are less trained is inaccurate. They also do not primarily provide preventive care; that role is more characteristic of generalists and primary care providers who address overall health maintenance across broad populations.

**6. In which year was the first PA class established?**

- A. 1965**
- B. 1964**
- C. 1966**
- D. 1967**

The key idea here is recognizing when the PA education movement began. The first PA class was established in 1965 at Duke University, founded by Dr. Eugene Stead, who started the program with six Navy corpsmen to create a new model of medical practice. That cohort would go on to graduate about two years later, in 1967, which often causes confusion because some sources cite the graduation year instead of the start year. The other years don't fit because the program itself opened in 1965, not 1964, 1966, or 1967.

**7. The organization now known as American Academy of PAs was originally named what?**

- A. American College of Physicians**
- B. American Association of Physician Assistants**
- C. American Academy of Family Physicians**
- D. American Surgical Association**

This question tests knowledge of how the national PA organization evolved in name as the profession grew. It began as the American Association of Physician Assistants, a label that signaled a foundational professional group uniting PAs. Over time the organization shifted to emphasize education, standards, and professional advancement, becoming the American Academy of Physician Assistants, now commonly known as American Academy of PAs. This branding change reflects the move from a simple association to a body focused on Academy-style training, credentialing, and advocacy for the PA profession. The other organizations listed are real medical groups but are not related to the PA profession: one is an internal medicine college, another is a family medicine organization, and the last is a surgical association for surgeons.

**8. After passing PANCE, what designation can PAs use?**

- A. PA-C**
- B. PA**
- C. NP**
- D. MD**

After passing the PANCE, you earn the credential Physician Assistant-Certified, abbreviated PA-C. This designation is issued by the National Commission on Certification of Physician Assistants (NCCPA) and signals that you have met the certification standards to practice as a PA. You should use PA-C after your name in professional settings to indicate certified status. Maintaining this credential requires ongoing CME and recertification (PANRE) every 10 years. Remember, licensure to practice is obtained from the state and is separate from certification, so you need both a state license and the PA-C designation to practice.

**9. Which of the following is NOT listed as an activity of the AAPA?**

- A. Equipping PAs for expanded opportunities in healthcare**
- B. Creating progressive work environments for PAs**
- C. Coordinating international medical missions for physician assistants**
- D. Fostering AAPA organizational effectiveness and sustainability**

AAPA's activities center on supporting PAs within the profession through education, advocacy, and workforce development to advance practice and improve patient care. Equipping PAs for expanded opportunities in healthcare fits this mission by expanding what PAs can do and how they practice. Creating progressive work environments aligns with improving practice conditions, professional satisfaction, and sustainable careers for PAs. Fostering AAPA organizational effectiveness and sustainability directly supports the strength and continuity of the association so it can continue serving its members. Coordinating international medical missions for physician assistants isn't typically listed among AAPA's standard activities, as international outreach is usually handled by other organizations or institutions, not a core AAPA function.

**10. Which statement best describes how PA scope of practice is determined?**

- A. Practice level**
- B. Practice level, education, experience, state laws, and patient needs**
- C. Federal law**
- D. Personal preference**

Scope of practice for a PA is defined by a combination of factors, not a single rule. The best description includes practice level, education, experience, state laws, and patient needs. Practice level sets the expected autonomy and typical duties in a given setting. Education and experience determine what procedures and clinical tasks the PA is trained and qualified to perform. State laws and regulations establish the legal framework, including supervision requirements and prescribing authority, which vary by state. Patient needs ensure that care is appropriate and safe for the individual, guiding which tasks can be performed within the allowed scope. Federal law provides overarching licensing and certification contexts but does not single-handedly set the PA scope in each state, and institutional policies can also shape day-to-day practice.

## 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://paprofession1.examzify.com>**

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

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