

California Board of Pharmacy California Practice Standards and Jurisprudence Examination for Pharmacists



CANDIDATE INFORMATION BULLETIN

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Please refer to our website to check for the most updated information at www.psiexams.com.

PURPOSE

This Candidate Information Bulletin provides candidates with important information regarding the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE), one of two examinations required for licensure as a pharmacist in California [the other is the North American Pharmacist Licensure Examination (or NAPLEX), which is administered by the National Association of Boards of Pharmacy (NABP). For information on the NAPLEX, go to www.nabp.net.

The board strongly recommends that candidates thoroughly read and study from this bulletin to prepare for the examination. This bulletin describes in detail what to expect upon arrival at the examination center. It also provides recommendations for study, information on the format of the examination and a practice test. It provides information about examination scores, and what to do after the results are received.

OBJECTIVES OF THE CALIFORNIA STATE BOARD OF PHARMACY

The California State Board of Pharmacy is a consumer protection agency. One way the board fulfills its consumer protection mandate is to assure that those licensed to practice pharmacy possess minimum competency. To this end, California law requires candidates to take the NAPLEX and a California-specific examination (California Business and Professions Code section 4200). You can obtain a copy of this code and other California pharmacy laws from the board's Web site. These examinations require candidates to demonstrate that they possess the minimum knowledge and abilities necessary to perform safely and effectively in independent pharmacy practice in the U.S. as well as in California.

Information about the NAPLEX must be obtained from the NABP (contact www.nabp.net), which prepares its own Registration Bulletin about the examination. The remainder of this bulletin will focus on the California-specific examination, the CPJE.

THE EXAMINATION PROCESS

Once a candidate is determined to be eligible, the California State Board of Pharmacy will notify the examination administration contractor, PSI licensure:certification (PSI). PSI will mail a scheduling notice indicating how the candidate may schedule an examination.

EXAMINATION REGISTRATION PAYMENT AND SCHEDULING PROCEDURES

Once you have been approved by the California State Board of Pharmacy, you are responsible for contacting PSI to register, pay, and schedule an appointment to take the examination. You may do so via the Internet at www.psiexams.com, or schedule over the telephone at (877) 392-6422.

Your examination eligibility expires and your application is deemed abandoned if you fail to take the CPJE within one year after being deemed eligible by the board. This is the date on the eligibility letter the board sends to you. When your eligibility expires, you will need to reapply to the board to be considered eligible to take the CPJE. To reapply, use the application for Pharmacist Licensure and Examination, which can be downloaded from the board's Web site.

Current policy allows one test attempt per application. If you do not pass the examination, you must reapply to the California State Board of Pharmacy.

FEE

The following fee table lists the applicable fee for the examination. The fee is for each registration, whether you are taking the examination for the first time or repeating.

EXAMINATION FEE

Examination Fee	\$33
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NOTE: REGISTRATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE

INTERNET REGISTRATION AND SCHEDULING

For the fastest and most convenient test scheduling process, PSI recommends that candidates register for their exams using the Internet. In order to register over the Internet, candidates will need to have a valid MasterCard or VISA. Candidates register online by accessing PSI's registration website at www.psiexams.com. Internet registration is available 24 hours a day. In order to register by Internet, complete the steps below:

1. Log onto PSI's website, select the link associated with the California examinations. Complete the associated registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available exam dates and locations for scheduling your examination. Select your desired testing date and location.

TELEPHONE REGISTRATION AND SCHEDULING

The second fastest method of scheduling is via the telephone with PSI's Interactive Voice Response system (IVR) during non-business hours, or through live registrars during business hours. For telephone registration, you will need a valid VISA or MasterCard.

1. Complete the Examination Registration Form, including your credit card number and expiration date, so that you



will be prepared with all of the information needed to register by telephone.

Call (877) 392-6422, 24 hours a day and register using the Automated Registration System. Otherwise, PSI registrars are available Monday through Friday, between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to receive the information listed on your Examination Registration Form and schedule your appointment for the examination.

FAX REGISTRATION AND SCHEDULING

For Fax registration, you will need a valid VISA or MasterCard.

Complete the Examination Registration Form, including your credit card number and expiration date.

1. Fax the completed form to PSI (702) 932-2666. Fax registrations are accepted 24 hours a day.
2. If your information is incomplete or incorrect, it will be returned for correction.

Please allow 4 business days to process your Registration. After 4 business days, you may schedule your examination using a touch-tone phone, by calling PSI 24 hours a day at (877) 392-6422. between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time. You may also schedule online by accessing PSI's registration website at www.psiexams.com.

STANDARD MAIL REGISTRATION AND SCHEDULING

For those desiring to make payment for their examination using cashier's checks or money orders, or for those that simply do not wish to provide credit card information over the phone or Internet, you must use the Standard Mail Registration. In order to register, please follow the steps below.

1. Complete the PSI Examination Registration Form (found at the end of the bulletin), and appropriate examination fee to PSI. Payment of fees can be made by money order or cashier's check. Money orders or cashier's checks should be made payable to PSI. Print your social security number on your cashier's check or money order to ensure that your fees are properly assigned. **CASH, COMPANY CHECKS, AND PERSONAL CHECKS ARE NOT ACCEPTED.**

Mail the completed Registration Form to:

PSI licensure:certification
ATTN: Examination Registration CA CPJE
3210 E Tropicana
Las Vegas, NV 89121
(877) 392-6422 • Fax (702) 932-2666
www.psiexams.com

Please allow 2 weeks to process your Registration. After 2 weeks you may schedule your examination using a touch-tone phone, by calling PSI 24 hours a day at (877) 392-6422. To schedule with a PSI registrar, call Monday through Friday, between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time. You may also schedule online by accessing PSI's registration website at www.psiexams.com.

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date.* For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (877) 392-6422. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

Note: A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (877) 392-6422. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

SOCIAL SECURITY NUMBER CONFIDENTIALITY

PSI will use your social security number only as an identification number in maintaining your records and reporting your examination results to the state. A Federal law requires state agencies to collect and record the social security numbers of all licensees/registrants of the professions licensed/registered by the state.

SPECIAL ACCOMMODATIONS AVAILABLE

Requests for special testing accommodation must be received by the board at the time the examination application is submitted to the board to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test will not be provided.

REQUESTING EXAMINATION ACCOMMODATIONS

Accommodations will not be provided at the examination site



unless prior approval by the board has been granted. Reasonable, appropriate, and effective accommodations may be requested from the board by submitting the "Request for Accommodation of Disabilities" package, which can be obtained from the board's Web site (www.pharmacy.ca.gov). The board will contact you once approved with further instructions. Do not call PSI to schedule your examination until you have received written notification from the board regarding your request for accommodations.

EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

ANAHEIM

2301 W. LINCOLN AVE, SUITE 252
ANAHEIM, CA 92801

FROM THE I-5 N, TAKE THE EUCLID ST EXIT (112). TURN LEFT ONTO N EUCLID ST. TURN RIGHT ONTO W LINCOLN AVE.

FROM I-5 S, TAKE THE BROOKHURST ST EXIT (113)-TOWARD LA PALMA AVE. TURN SLIGHT RIGHT ONTO N BROOKHURST ST. TURN RIGHT ONTO W LINCOLN AVE.

ATASCADERO

7305 MORRO RD, SUITE 201A
ATASCADERO, CA 93422

FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.

FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.

BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206
BAKERSFIELD, CA 93309

FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.

FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.

CARSON

17420 S. AVALON BLVD, SUITE 205
CARSON, CA 90746

FROM CA-91 E/GARDENA FWY, TAKE THE EXIT TOWARD MAIN ST. TURN LEFT ONTO E ALBERTONI ST. TURN LEFT ONTO AVALON BLVD.

FROM CA-91 W, TAKE THE EXIT TOWARD AVALON BLVD. MERGE ONTO E ARTESIA BLVD. TURN LEFT ONTO AVALON BLVD. MAKE A U-TURN AT E ALBERTONI ST ONTO AVALON BLVD.

EL MONTE

9420 TELSTAR, SUITE 138
EL MONTE, CA 91731

FROM THE I-10 E, TAKE THE PECK RD NORTH EXIT (29B)-TOWARD VALLEY BLVD. TURN RIGHT ONTO N PECK RD. TURN SLIGHT RIGHT ONTO VALLEY BLVD.

FRESNO

351 E. BARSTOW, SUITE 101
FRESNO, CA 93710

FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. TURN RIGHT ONTO E BARSTOW AVE.

FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT ONTO E BARSTOW AVE.

HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1
HAYWARD, CA 94545

FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.

FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.

REDDING

2861 CHURN CREEK, UNIT C
REDDING, CA 96002

FROM I-5 N TOWARD SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677)-TOWARD REDDING. TURN RIGHT ONTO E CYPRESS AVE. TURN RIGHT ONTO YANA AVE. TURN LEFT ONTO VALE DR. TURN RIGHT ONTO CHURN CT.

FROM I-5 S, MERGE ONTO CA-44 E VIA EXIT 678A TOWARD HILLTOP DR/LASSEN PARK. TAKE THE VICTOR AVE EXIT- EXIT 3. TURN RIGHT ONTO VICTOR AVE. TURN LEFT ONTO HARTNELL AVE. TURN LEFT ONTO CHURN CT.

RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK
1600 CHICAGO AVE, SUITE M-15
RIVERSIDE, CA 92507

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE.

SACRAMENTO

9719 LINCOLN VILLAGE DR.
BUILDING 100, SUITE 100
SACRAMENTO, CA 95827

FROM I-80 E, KEEP LEFT TO TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE THE BRADSHAW ROAD EXIT (13). TURN RIGHT ONTO BRADSHAW RD. TURN LEFT ONTO LINCOLN VILLAGE DR.

FROM US-50 W, TAKE THE BRADSHAW ROAD EXIT (13). TURN LEFT ONTO BRADSHAW RD. TURN LEFT ONTO LINCOLN VILLAGE DR.

SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300
SAN DIEGO, CA 92121

FROM I-805 S, TAKE THE SORRENTO VALLEY RD EXIT TOWARD MIRA MESA BLVD. TURN LEFT ONTO SORRENTO VALLEY RD. STAY STRAIGHT TO GO ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.



SANTA ROSA
160 WIKIUP DRIVE, SUITE 105
SANTA ROSA, CA 95403

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

SANTA CLARA
2936 SCOTT BLVD
SANTA CLARA, CA 95054

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

Additionally, PSI has examination centers in many other regions across the United States. You may take this examination at any of these locations by calling (877) 392-6422. You will need to speak with a Customer Service Rep to schedule outside of California.

REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumbprinted, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide 2 forms of identification. One government photo-bearing identification, either:

- A U.S. government issued photo ID (specifically state issued driver's license or state issued identification card),
- A current U. S. military-issued identification, or
- A U.S. issued passport,

AND:

- A U. S. issued social security card

The name appearing on both of these identification cards must match exactly, letter for letter, the name used to

register you for the CPJE (the name on the back of this bulletin), INCLUDING middle name versus use of an initial, and designations such as "Jr." or "III," etc.

If your identification cards do not match your name exactly as it appears on the notice of eligibility on the back of this bulletin, you need to correct this before scheduling and taking the CPJE. Information on the board's Web site provides additional guidance.

If you do not have appropriate identification with you when you arrive at the test center, you will not be admitted to take the examination, and PSI will consider this a missed appointment. If this occurs, you will need to pay another \$33 to reschedule another examination. If you have reported a name change to the board after your eligibility was transmitted to PSI, make certain the name on your identification matches PSI's record.

Please allow five business days from when you sent the change of name to the board and call PSI to confirm the change.

Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.

CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In



addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

PSI SECURITY PROCEDURES

The following security procedures will apply during the examination:

- Cell phones, pagers, purses, briefcases, personal belongings, and children are not allowed at the examination site.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of PSI security policy. Either one may result in the disqualification of examination results and may lead to legal action.

The test is only two hours in length. You may bring virtually nothing into the testing room at the test facility. This includes:

- Personal belongings such as purses, wallets, watches, stopwatches, clocks, backpacks, books, study notes, writing tools, cameras, tape recorders, pagers, palm pilots, calculators, cellular phones.
- Medications.
- Food, candy or drinks.
- Eyeglasses are permitted, but eyeglass cases are not.

If you do bring such items with you to the test site, PSI will provide accordion folders for storage of your belongings in the reception area. If you need to take a break during the exam, you may access some types of secured belongings under the supervision of a test administrator. Only those items that are deemed appropriate for the purpose of the break may be removed from the accordion folder. Access to such items as wallets, backpacks, books, study notes, writing tools, cameras, tape recorders, pagers, palm pilots, cellular phones, watches, stopwatches, and clocks during breaks will be strictly prohibited. PSI will not be responsible for items left in the reception area.

No guests, visitors or family members are allowed in the testing or reception areas. Failure to follow these procedures may result in disqualification of your examination.

Note: You will be provided with notepaper and a pencil at the test site so that you can take notes or make calculations needed for the examination. This paper will be picked up from you after the examination.

There are timing mechanisms available at the test site and on the computer to help you keep track of your time during the two hours of test administration.

IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

- 1 All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the

thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.

2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room and during your initial seating for the examination.
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration time. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
 - Cellular telephones, personal digital assistants (PDAs), recording devices, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators or briefcases.
 - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless medically required) and good-luck items.
 - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

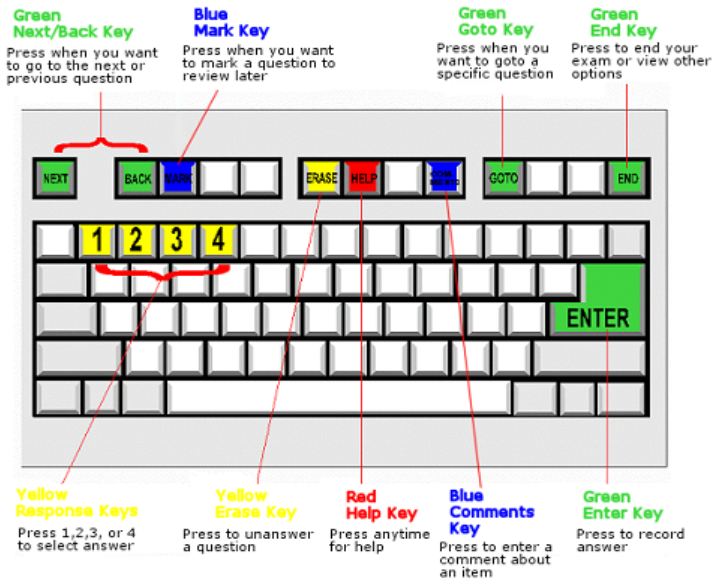
During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place of safekeeping. Neither PSI nor the Department of Consumer Affairs shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.



TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. YOU MAY NOT SKIP, MARK, OR REVIEW ANY QUESTIONS DURING THE EXAMINATION. A sample question display follows:



PRETEST ITEMS

In addition to the number of questions per examination, a small number of five to ten "pretest" questions may be administered to candidates during the examinations. These questions will not be scored and the time taken to answer them will not count against examination time. The administration of such non-scored experimental questions is an essential step in developing future licensing examinations.

EXAMINATION REVIEW

PSI, in cooperation with the Board, will be continually evaluating the examinations being administered to ensure that the examinations accurately measure competency in the required knowledge areas. Comments may be entered on the computer keyboard during the examination. Your comments regarding the questions and the examinations are welcomed. Comments will be analyzed by PSI examination development staff. While PSI does not respond to individuals regarding these comments, all substantive comments are reviewed. If an error affecting examination results is discovered as a result, which occurs very rarely, the examination results of all affected candidates will be automatically adjusted. This is the only review of the examination available to candidates.

ADMINISTRATION OF THE CPJE

COMPOSITION AND TEST-TAKING STRATEGIES

The board's CPJE is comprised of 90 multiple-choice questions, administered on a computer at designated test centers throughout the country.

You will have two hours to complete the examination. If you need to take a restroom break during the examination, you will not receive additional time to complete the test. Of the 90 multiple-choice questions on the examination, 75 questions are test questions that will be scored and 15 questions are pretest items. The 15 pretest questions will not affect your score. Pretesting questions allows the board to gather performance data and evaluate the questions before they become scoreable in a future examination. These pretest questions will be distributed throughout the examination, and will NOT be identified as pretest items.

NOTE: After answering a question, candidates must proceed to the next question. Candidates cannot later return to any question to change an answer. Candidates cannot review any of their answers on the exam.

All of the questions on the examination have been written and reviewed by the board's Competency Committee. Each question is based on a job-related task and knowledge statement contained in the examination's Content Outline.

When taking the examination, you should remember the following two points:

- There is only one answer for each question.
- Since scores on the examination are based on the number of correct answers, there is no penalty for guessing. It is to your advantage to answer every question.

CANDIDATE NOTICE OF EXAM COMPLETION

After completing the examination, you will be provided with a "Candidate Notice of Examination Completion" examinee report letter, which serves as your receipt that you have completed the examination. The examinee report letter will contain your name, address, the date and location you took the examination and your picture. The board will be provided with a copy of this document.

EXAMINATION RESULTS

About 30 days after you take the CPJE examination, the board will mail your score to you at your address of record with the board. Please do not call the board's office, as results will not be given over the telephone. Moreover, each call delays the processing of the examination and the mailing of results.

Periodically, there may be a delay in sending your score due to the Board of Pharmacy performing a quality assurance assessment to ensure the appropriateness of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). In order to ensure the thoroughness of this assessment, 400 individuals are needed for participation. Once 400 people have taken the CPJE during one of these periodic reviews, release of examination scores should resume as scheduled. Whenever the board initiates a quality assurance assessment, the board posts this information on its Web site.

If you pass the examination, the letter will advise you to pay the initial licensing fee, return your intern pharmacist and/or pharmacy technician permit and of any pending deficiencies in your requirements needed for licensure.

If you fail the CPJE, the board will give you instructions for retaking this examination. You will be required to submit a retake application to the board as part of this process. If you fail the examination, you will be provided with a score report that will provide information about your performance on the three portions of the examination (Provide Medications to Patients; Monitor and Manage Patient Outcomes; and Manage Operations - see the content outline). This report can help you study for future examinations.

CALIFORNIA PRACTICE STANDARDS AND JURISPRUDENCE

EXAMINATION FOR PHARMACISTS

(CPJE)

The board's CPJE is comprised of 90 multiple-choice questions, administered by computers at designated test centers throughout the country.

California law (California Business and Professions Code section 4200.2) requires that the CPJE include items that demonstrate proficiency in patient-communication skills, aspects of pharmacy practice and the application of clinical knowledge that is not measured by NAPLEX and California law.

OCCUPATIONAL ANALYSIS

The development of any examination program involving licensure begins with an occupational analysis, which is a method for identifying the tasks performed in a profession or a job, and the knowledge, skills and abilities required to perform that job. The purpose is to describe the activities of the profession in sufficient detail to provide a basis for the development of a professional, job-related licensing examination. The Department of Consumer Affairs' Examination Validation Policy requires that an occupational analysis be performed every three to seven years.

The board completed its most recent job analysis of pharmacists in early 2005. To do this, a job analysis advisory committee was appointed by the board to identify the activities and responsibilities of the California pharmacist and to develop the test specifications. All advisory committee members were also members of the board's Competency Committee, who oversee development of the pharmacist examination. The diversity of this advisory group defined in terms of the actual behaviors that qualified reflective of the pharmacy profession.

The analysis began with a review of the existing detailed content outline for the pharmacist licensure examination, which had been developed during the last job analysis in 2000. Additions and deletions were made to this list, which was developed into a questionnaire. Next the committee approved the rating scales that were used in the survey. Before distribution of the questionnaire to practitioners, a pilot study of a small group of California practicing pharmacists was conducted. The survey questionnaire was revised and finalized. The final survey questionnaire was distributed to 3,000 California-residing licensed pharmacists according to a sample plan.

After the survey data was collected and analyzed, the board's Competency Committee reviewed the results. They then developed the content of the new examination plan based on

the task statements and knowledge areas determined by the surveyed pharmacists as critical to practice. Tasks that were included in the NAPLEX content outline were removed from the CPJE content outline (because they would be tested on the NAPLEX). The remaining tasks were blended into a new content outline for the CPJE. A copy of this content outline is provided in this bulletin.

DEVELOPMENT OF THE CPJE

ROLE OF THE COMPETENCY COMMITTEE

The California State Board of Pharmacy, through its Competency Committee, develops the CPJE. The committee is comprised of pharmacists from a cross section of professional practice and each of California's schools of pharmacy. Competency Committee members are appointed by the board's president. The committee is led in examination development by a contracted psychometric consulting firm, which is hired for expertise in test validation and development and whose staff is educated and experienced in developing and analyzing occupational licensing examinations.

CRITERION-REFERENCED CUT SCORE FOR PASSING

To establish pass/fail standards for the California exam, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behaviors that qualified pharmacists would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, the Competency Committee also considers other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience), the difficulty of the issues addressed in each multiple-choice item, and public health and safety issues. By adopting a criterion-referenced passing score, the board applies the same minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the public.

CONTENT OUTLINE

The CPJE is comprised of multiple-choice questions that:

- Demonstrate the candidate's proficiency in patient communication skills.
- Examine aspects of contemporary standards of practice for pharmacists in California, including pharmacist care and the application of clinical knowledge to typical pharmacy practice situations that are not evaluated by the NAPLEX.
- Evaluate a candidate's knowledge of applicable state laws and regulations.

Applicants should review the content outline carefully to obtain a reasonable expectation of the different topics for which they will be responsible, and to identify areas for which focused review may be helpful.

Specific references you may want to use for study include California Pharmacy Law, prior issues of the board's newsletter, *The Script*; board-published monographs on drug therapy, *Health Notes*; and Community Pharmacy and

Hospital Outpatient Pharmacy Self-Assessment forms. You can obtain copies of board publications and forms at the board's Web site www.pharmacy.ca.gov. You can also purchase a Pharmacy Law handbook by using the directions on the Web site.

Questions are practice based and are often written in a format that presents a situation, and then asks the candidate to make an appropriate decision or determination based on law.

Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. The board does not supply examination preparation providers with confidential exam material. Additionally it is a violation of California law for candidates to provide information regarding examination content to anyone, and the board will take disciplinary action against anyone it finds has compromised the examination.

The is the detailed content outline:

1. **Provide Medication to Patients (25 items)**
 - A. Organize and Evaluate Information
 - a. Interpret prescription/medication order
 - b. Obtain information from the patient/patient's representative for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
 - c. Obtain information from prescriber and/or health care professionals for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
 - d. Assess prescription/medication order for completeness, correctness, authenticity, and legality
 - e. Assess prescription/medication order for appropriateness (e.g., drug selection, dosage, drug interactions, dosage form, delivery system)
 - f. Evaluate the medical record/patient profile for any or all of the following: disease states, clinical condition, medication use, allergies, adverse reactions, disabilities, medical/surgical therapies, laboratory findings, physical assessments and/or diagnostic tests
 - g. Evaluate the pharmaceutical information needs of the patient/patient's representative
 - B. Dispense Medications
 - a. Enter prescription information into patient profile
 - b. Prepare IV admixtures
 - c. Document preparation of medication in various dosage forms (e.g., compounded, unit dose)
 - d. Document preparation of controlled substances for dispensing
 - e. Verify label(s) for prescription container(s)
 - f. Select auxiliary label(s) for container(s)
 - g. Perform the final check of the medication prior to dispensing
2. **Monitor and Manage Patient Outcomes (25 items)**
 - A. Determine a Course of Action and Manage Patient Outcomes
 - a. Determine desired therapeutic outcomes
 - b. Develop a therapeutic regimen for prescription medications (e.g., recommend alteration of prescribed drug regimen; select drug if necessary)
 - c. Determine the need for a referral
 - d. Communicate the therapeutic plan to the patient/patient's representative, the prescriber and other health care professionals
 - e. Recommend/order necessary monitoring and screening procedures (e.g., blood pressure, glucose levels, drug levels)
 - f. Communicate results of monitoring to patient/patient's representative, prescriber and/or other health care professional
 - g. Manage drug therapy according to protocols
 - B. Educate Patients and Health Care Professionals
 - a. Assess the patient's understanding of the disease and treatment
 - b. Counsel patient/patient's representative regarding prescription medication therapy and devices

- c. Counsel patient/patient's representative regarding nonprescription medication (OTC)
- d. Counsel patient/patient's representative regarding herbal/complementary therapies
- e. Counsel patient/patient's representative regarding non-drug therapy
- f. Counsel patient/patient's representative regarding self-monitoring of therapy (e.g., devices, symptoms)
- g. Verify the patient's/patient representative's understanding of the information presented
- h. Educate health care professionals (e.g., physicians, nurses, medical residents/fellows, other health care providers/students, precepting intern pharmacists)

3. Manage Operations (25 items)

- A. Procure Pharmaceuticals, Devices and Supplies and Control Inventory
 - a. Place orders for pharmaceuticals, durable medical equipment, devices and supplies, including expediting of emergency orders
 - b. Maintain a record-keeping system of items purchased/received/returned in compliance with legal requirements
 - c. Maintain a record of controlled substances ordered, received, stored and removed from inventory
 - d. Store pharmaceuticals, durable medical equipment, devices and supplies under proper storage conditions
 - e. Dispose of expired or recalled pharmaceuticals, durable medical equipment, devices, supplies and document actions taken
 - f. Communicate changes in product availability (e.g., formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians and other health care professionals
 - g. Maintain policies and procedures to prevent theft and/or drug diversion
- B. Perform Quality Assurance/Improvement
 - a. Assess pharmacist and/or pharmacy technician competence
 - b. Ensure the accuracy of medication administration
 - c. Implement a system for medication error prevention, assessment, and reporting (e.g., root cause analysis, National Patient Safety Goals)
 - d. Implement a system by which adverse drug reactions are documented, analyzed, evaluated and reported
- C. Manage Operations, Human Resources and Information System
 - a. Monitor the practice site and/or service area for compliance with federal, state and local laws, regulations and professional standards
 - b. Supervise the work of pharmacy staff
 - c. Ensure the availability, control, and confidentiality of patient and prescription information (e.g., patient profiles, medication administration records)
- D. Manage Medication Use System
 - a. Maintain a formulary system
 - b. Apply therapeutic interchange
 - c. Conduct medication use evaluations

TOTAL: 90 QUESTIONS, INCLUDING 15 NONSCORED, PRETEST ITEMS

OVERVIEW

Provided below is a sample of a CPJE. For purposes of this sample CPJE there are 78 multiple-choice questions on this sample examination. Please note that the CPJE has a total of 90 multiple-choice questions, 75 of which are graded and 15 of which are not graded, as they are pre-test questions. Each multiple-choice question on the examination has four possible answers. Only one answer is correct. These examples are provided to familiarize you with the structure of some of the questions.

Each question is worth one point, and there is no penalty for guessing.

The board encourages you to review the Content Outline for the CPJE. The content outline describes the content areas and number of questions that will be used for each examination. You may find it helpful to prepare for the examination by using the content outline.

QUESTIONS

1. A pharmacist is counseling a 58-year-old man with a new prescription for repaglinide 0.5 mg t.i.d. According to the patient profile, he is homeless. Which of the following information should be requested from the patient and what is the rationale?
 - a. "Are you taking insulin?" Repaglinide is contraindicated in Type 1 diabetes.
 - b. "Are you eating three regular meals per day?" Repaglinide is taken with meals and skipped if a meal is skipped.
 - c. "Are you using a blood glucose meter?" Repaglinide must be taken only when guided by the blood glucose.
 - d. "Have you failed on other oral anti-diabetic agents?" Repaglinide is approved only as a second-line therapy.
2. Which of the following factors could be considered barriers to providing a thorough oral consultation to a patient?
 1. educational background
 2. primary language
 3. physical impairment
 4. insurance coverage
 - a. 1, 2, and 3 only
 - b. 1, 2, and 4 only
 - c. 1, 3, and 4 only
 - d. 2, 3, and 4 only
3. A hospital pharmacist has just received a new medication order for brimonidine. The pharmacist wishes to confirm the appropriateness of this order and calls the nurse for the patient's diagnosis. Which of the following diagnoses would confirm that the brimonidine order is APPROPRIATE?
 - a. metastatic bone lesions
 - b. benign prostatic hyperplasia
 - c. epilepsy
 - d. glaucoma
4. A physician writes the following prescription:

*Finasteride 1 mg tablets
#30
1 tab p.o. daily for benign
prostatic hyperplasia*

Which of the following would be the MOST APPROPRIATE action of the pharmacist?
 - a. Fill as written.
 - b. Call the physician regarding dosage strength.
 - c. Call the physician regarding dosage frequency.
 - d. Call the physician regarding route of administration.
5. Which of the following is CORRECT about a prescription for naproxen sodium 275 mg tablets #20 Sig: i tab b.i.d.?
 - a. Naproxen sodium at that dosage may be sold without a prescription as a product called Aleve®.
 - b. The prescription may be filled as written.
 - c. The prescription may be filled with Naprosyn® if Anaprox® is not available.
 - d. Naproxen sodium at that dosage should not be given b.i.d.
6. The pharmacist receives a telephone prescription for testosterone patches from a physician's nurse. Assuming that the dosage, quantity, and instructions are appropriate, and the prescription is reduced to writing, the pharmacist should
 - a. not fill the prescription because a triplicate prescription is required.
 - b. not fill the prescription because a telephone prescription for testosterone is not valid.
 - c. fill the telephone prescription if the physician confirms all information with the pharmacist.
 - d. fill the prescription after noting the physician's and the nurse's names on the prescription.
7. A pharmacist receives a security prescription from a known local medical group for promethazine with codeine. The prescription blank has the physician's name, address, phone number, DEA number, and license number, but is signed only by a physician's assistant (PA). The pharmacist's best course of action is to
 - a. fill the prescription as written.
 - b. return the prescription for the physician's signature.
 - c. call the medical group and request the PA's DEA number.
 - d. not fill the prescription because only a nurse practitioner can write such prescriptions.
8. A patient brings in a prescription for Propecia® written by a known physician on a plain piece of paper. The paper is not a prescription blank, but just a plain white sheet of paper with all the needed information hand written. The pharmacist should
 - a. fill the prescription as written and file.
 - b. not fill the prescription as it represents a forgery.
 - c. tell the patient that this is a non-prescription medication.
 - d. have the patient obtain the prescription on a formal prescription blank.

9. A 60-year-old woman who recently had a hysterectomy comes to the pharmacy with new prescriptions for estradiol, ibuprofen, calcium carbonate, and medroxyprogesterone. Which of the following drugs should be discussed with the prescriber?
- estradiol
 - ibuprofen
 - calcium carbonate
 - medroxyprogesterone
10. Which of the following would be the MOST APPROPRIATE auxiliary labels for a prescription for clarithromycin 250 mg/5 mL?
- "Do not refrigerate"
 - "Shake well"
 - "Avoid dairy products"
 - "Avoid sun exposure"
- 1 and 2 only
 - 1 and 3 only
 - 2 and 4 only
 - 3 and 4 only
11. A pharmacy technician has prepared four IV piggyback doses of sulfamethoxazole/trimethoprim for 24-hour dosing for a patient. The technician asked the pharmacist to verify the medication before delivery to the patient ward. Which of the following is a concern regarding the preparation?
- keeping it refrigerated
 - protecting it from light
 - short-term drug stability
 - using an in-line filter during reconstitution
12. A technician has prepared a 16-oz bulk supply of spironolactone suspension 1 mg/mL to be packaged into 5 mg/5 mL oral syringes for future dispensing. The pharmacist checking this preparation should ensure that the records include which of the following?
- manufacturer's lot number
 - date the product is dispensed
 - package size and number of syringes prepared
 - formula for the suspension
- 1 and 3 only
 - 2 and 4 only
 - 1, 2, and 3 only
 - 1, 3, and 4 only
13. A pharmacist is performing a final check of a new prescription for lithium carbonate extended release tablets. Which of the following auxiliary labels should the pharmacist affix to the container?
- "Do not wear contact lenses while using this medication."
 - "May discolor urine"
 - "Take with food or milk"
 - "Avoid sun exposure"
14. A pharmacist is performing a final check on a new prescription for a patient with a nasogastric tube. The prescription label reads:
Lotensin 10 mg #60
Take one tablet via NG tube daily.
- Which of the following is CORRECT for administration of this dose through a nasogastric tube?
- The tablets can be broken in half.
 - The tablets can be crushed and mixed with water.
 - The tablets should be formulated into gelatin capsules.
 - The tablets should only be administered whole.
15. A pharmacist receives a prescription for Ativan® 1 mg and elects to dispense a generic equivalent manufactured by S-G. Which of the following drug descriptions on the label would be legally CORRECT?
- generic Ativan 1 mg (S-G)
 - lorazepam 1 mg (S-G)
 - lorazepam 1 mg for Ativan
 - lorazepam 1 mg generic for Ativan
16. Which of the following auxiliary labels should be placed on a prescription container for amoxicillin/clavulanate suspension?
- Avoid sunlight.
 - Take until gone.
 - Take on an empty stomach.
 - Refrigerate.
- 1 and 2 only
 - 1 and 3 only
 - 2 and 4 only
 - 3 and 4 only
17. Which of the following requires the advisory label warning, "May cause drowsiness"?
- tegasorb
 - indapamide
 - cyclobenzaprine
 - modafinil
18. A technician prepares a new prescription for Coreg®. The vial is labeled as follows:
Coreg 3.125 mg tablets #60
Take 1 tablet twice daily.
Auxiliary label: Take with food.
- Assuming the technician interpreted the prescription as written, which of the following would be the MOST APPROPRIATE action?
- Dispense as written.
 - Call the physician to change the strength of the tablets.
 - Call the physician to correct the dosage frequency.
 - Change the auxiliary label to "Take on an empty stomach."
19. The following prescription is presented to the pharmacist for checking prior to dispensing:
Prescription: AeroBid #1 2 p b.i.d.
Label: Flunisolide (Forest) #1
Inhale 2 puffs in nostrils twice daily
- Which of the following is an error on the label?
- frequency of use
 - name of medication
 - incorrect dose
 - route of administration

20. A pharmacist is checking a medication order prior to dispensing it. The order calls for a patient to receive enoxaparin 1.5 mg/kg subcutaneously daily for 7 days. The patient weighs 148 lb. Based on this order, what is the total daily dose that this patient should receive?
- 80 mg
 - 100 mg
 - 150 mg
 - 220 mg
21. A pharmacy technician has prepared an IV piggyback dose of levothyroxine 100 mcg in the morning for 24-hour dosing for a patient due later tonight. The technician asked the pharmacist to verify the medication before delivery to the patient ward. Which of the following is a concern regarding the preparation?
- keeping it at room temperature
 - using a filter needle during preparation
 - short drug stability
 - protecting it from light
22. A pharmacist is verifying a prescription filled by a technician. The label reads:
- John Doe
Invirase 200 mg
Take 6 capsules by mouth twice daily with Norvir.
- The pharmacist checks the written prescription and it reads:
- Saquinavir 200 mg soft gel capsules
VI p.o. b.i.d. with Norvir
- The pharmacist should
- dispense as filled.
 - change the dose.
 - change the drug.
 - change the dosing interval.
23. A 42-year-old patient with long-standing asthma brings a new prescription for a budesonide inhaler to the pharmacy. The pharmacist's medication record shows that the patient is also using oral prednisone as needed for acute asthma attacks, an albuterol inhaler PRN, montelukast 10 mg PO daily, and a triamcinolone inhaler b.i.d. Which of the following actions indicates that the patient understands how to incorporate the budesonide into his asthma regimen?
- He stops using his montelukast.
 - He uses his budesonide PRN for wheezing.
 - He stops using his triamcinolone inhaler.
 - He substitutes the budesonide for his oral prednisone.
24. Which of the following would be the MOST APPROPRIATE information to give the parent of a 2-year-old child who is to receive amoxicillin suspension for the treatment of acute otitis media?
- Avoid dairy products while taking this medication.
 - Avoid prolonged exposure to the sun.
 - Doses must be taken on an empty stomach.
 - Shake well before each dose.
25. A patient has just been counseled on the appropriate use of his new prescription for valsartan. Which of the following statements would verify that the patient has a good understanding of the possible side effects of the drug?
- "My hands might shake while taking this medication."
 - "I might get headaches with this medication."
 - "I might get constipated while taking this medication."
 - "I should take this medication with food to avoid nausea."
26. Which of the following patient information is applicable to the use of Transderm-Scop®?
- may cause runny nose
 - should be applied at least 4 hours before travel
 - must not be worn longer than 24 hours
 - can cause pupil constriction
27. Which of the following would indicate that a patient understands why he is taking divalproex?
- "I have bipolar disorder."
 - "I have obsessive compulsive disorder."
 - "I have post-herpetic neuralgia."
 - "I have severe diabetic peripheral neuropathy."
28. Which of the following statements would be the MOST APPROPRIATE for the pharmacist to make to a patient who is being counseled on the use of lansoprazole?
- "Take this medication once a day before breakfast."
 - "This medication may cause sedation."
 - "You should not take these capsules for longer than 2 weeks."
 - "This medication is being used to treat your toenail infection."
29. A patient who recently started taking atenolol comes into the pharmacy with a blood pressure of 132/78 mm Hg and a pulse of 54 beats per minute. Which of the following is the MOST APPROPRIATE action by the pharmacist?
- Advise the patient that these are normal values and not to worry.
 - Advise the patient to discontinue atenolol immediately.
 - Call the physician and suggest that metoprolol might have a less pronounced effect on the patient's heart rate.
 - Ask the patient if he has noted any dizziness on standing or decreased exercise tolerance.
30. A patient has just been counseled on the appropriate use of her new prescription for isoniazid. Which of the following statements would verify that the patient has a good understanding of the possible side effects of this drug?
- "This medication can cause stiffness in my joints."
 - "This medication can change the color of my urine to red."
 - "I need to wear sunscreen outside while I'm taking this drug."
 - "I should report flu-like symptoms to my doctor."
31. A 43-year-old woman diagnosed with hypothyroidism brings in a new prescription for levothyroxine 100 mcg daily. Her medication profile shows the following:
- calcium carbonate 500 mg q a.m. and q p.m.
losartan 50 mg q a.m.

After counseling, which of the following actions indicates that the patient understands how to take her levothyroxine correctly?

- She takes the levothyroxine in the evening.
- She takes the levothyroxine 2 hours after losartan.
- She takes the levothyroxine 1 hour before calcium carbonate.
- She takes the levothyroxine with food to increase absorption.

32. A pharmacist has just counseled a patient on the use of ketoconazole shampoo. Which of the following statements would verify that the patient has a clear understanding of how to properly use this medication?

- "This shampoo is going to treat my psoriasis."
- "This shampoo is going to treat my dandruff."
- "I shouldn't use this shampoo if I have open sores on my scalp."
- "I should use this shampoo every other day for 1 week."

- 1 and 3 only
- 1 and 4 only
- 2 and 3 only
- 2 and 4 only

33. Which of the following statements demonstrates that a patient understands the risks associated with doxorubicin?

- "I should avoid pregnancy."
- "I may have blood in my urine."
- "I need to drink a lot of water."
- "I will have permanent hair loss."

34. A patient with an allergy to aspirin is recovering from an ischemic stroke. Heparin 5000 units subcutaneously b.i.d. is prescribed. Which of the following statements would BEST verify that the patient understands why this medication was ordered?

- "This medication will dissolve clots in my brain."
- "This drug will help to prevent the development of a clot."
- "I am taking this medication because I am allergic to aspirin."
- "Taking this medication will help to prepare me for carotid artery surgery."

35. Which of the following consultation information is CORRECT for a patient who starts latanoprost solution?

- This medication will need to be shaken prior to administration.
- This medication may cause diarrhea during the first week of therapy.
- This medication may darken the eyes of patients with light eye color.
- This medication will reduce conjunctival discharge and redness.

36. A mother brings her 5-year-old son to the pharmacy asking for a product to treat his rash. The pharmacist notices two red lesions with raised borders in circular patterns on his right forearm. The boy also says the rash itches. It is MOST APPROPRIATE for the pharmacist to recommend

- that the patient see a physician.
- clotrimazole 1% cream.
- hydrocortisone 1% cream.
- no treatment; the condition is self-limiting.

37. A consulting pharmacist in a skilled nursing facility is asked by a nurse for advice regarding selegiline and fluoxetine administration for an 80-year-old patient. The patient has received the following new orders:

fluoxetine 10 mg p.o. q AM
selegiline 5 mg p.o. at breakfast and lunch

The MOST APPROPRIATE pharmacist recommendation is to

- administer the fluoxetine at bedtime.
- separate the AM medication administration by at least 1 hour.
- call the physician to warn of a potential drug interaction.
- call the physician to recommend a higher dose of fluoxetine.

38. A patient brings in a vial of cloudy regular insulin. Examination of the medication profile reveals simultaneous use of NPH and regular insulin. Which of the following is the MOST PROBABLE explanation for the cloudy appearance of the regular insulin?

- The insulin has been improperly stored.
- The insulin has expired.
- The insulin has been contaminated.
- The insulin is expected to be cloudy.

39. Which of the following statements would BEST verify that a patient understands how to inject dalteparin?

- "I should use the abdomen as an injection site."
- "I should inject this medication three times a day."
- "The injection site should be massaged after injection."
- "The needle should be injected into the skin at a 30-degree angle."

40. A physician decides to place a patient on a fentanyl transdermal system. What dosage schedule should the pharmacist recommend if the patient's pain is controlled on morphine sulfate continuous infusion of 5 mg/hr?

Drug	Half-life (hours)	Conversion Ratio for Equivalent Dosing	
		Parenteral/Transdermal (mg)	Oral (mg)
Fentanyl	1.5 to 6	0.1	na
Hydromorphone	2 to 3	1.5	7.5
Meperidine	3 to 4	75	300
Morphine	1.5 to 2	10	60 30 (sustained-release)

- 25 mcg/hr
- 50 mcg/hr
- 75 mcg/hr
- 100 mcg/hr

41. A pharmacist is writing a new protocol for nurses to use when administering medications. Which of the following oral medications should the protocol recommend be administered with food?

- atenolol
- saquinavir
- fluconazole
- levofloxacin

42. A patient is being managed on a CHF protocol with the assistance of a pharmacist. The patient experiences swollen legs and difficulty breathing at night. Considering this information, which of the following medications should be started?

- a. prednisone
b. digoxin
c. metolazone
d. captopril
43. An intern pharmacist asks the pharmacist about monitoring metronidazole therapy when treating a patient with *Trichomonas*. Which of the following patient parameters should the pharmacist recommend monitoring?
- lean body mass
 - renal function
 - pregnancy status
 - alcohol intake
- a. 1 and 2 only
b. 1 and 4 only
c. 2 and 3 only
d. 3 and 4 only
44. A patient with chronic renal failure was started on erythropoietin for anemia. The hospital protocol follows the manufacturer's guidelines. The starting dose was 75 units/kg three times a week and the patient's hematocrit was 25%. One month later, the patient's hematocrit is reported at 30%, and the patient is asymptomatic. Which of the following should the pharmacist do?
- Increase the dose.
 - Continue the same dose.
 - Decrease the dose.
 - Stop the erythropoietin.
45. By protocol, a pharmacist has the responsibility for managing patients with anemia. A 45-year-old woman has the following hematological data (reference values in parentheses):
- | | | |
|-----|-----------|------------------|
| Hgb | 11g/dL | (12 - 15 g/dL) |
| Hct | 33% | (30 - 45%) |
| MCV | 70 uL3 | (80 - 100 uL3) |
| MCH | 24 pg/RBC | (26 - 34 pg/RBC) |
- Which of the following should the pharmacist order for this patient?
- cyanocobalamin
 - ferrous sulfate
 - folic acid
 - erythropoietin
46. A pharmacist calls the physician to report an increase in INR from 2.2 to 3.6 for a 65-year-old patient with atrial fibrillation who is being monitored on a warfarin protocol. Which of the following drugs is MOST LIKELY to account for this observation?
- cefotetan
 - ramipril
 - pantoprazole
 - digoxin
47. Which of the following should be reported to the prescriber indicating an adverse drug reaction to montelukast?
- an increase in respiratory tract infections
 - an increased serum creatinine
 - a decrease in libido
 - a decreased serum albumin
48. The Board of Pharmacy has issued a waiver for off-site storage of records for a pharmacy. The pharmacist must store which of the following in the pharmacy?
- the past year of non-controlled prescriptions and the past 2 years of controlled substance prescriptions
 - the past 2 years of non-controlled prescriptions and the current year of controlled substance prescriptions
 - the past year of non-controlled and controlled substance prescriptions
 - no records, but all must be retrievable within 72 hours
49. A prescriber wishes to purchase acetaminophen with codeine 60 mg for office use. Which of the following statements is TRUE?
- The pharmacist cannot make this sale.
 - The prescriber must write a prescription for himself.
 - The prescriber must complete a DEA Form 222.
 - The sale must be documented with an itemized invoice.
50. A pharmacist receives a call from a nearby pharmacy requesting the purchase of 16 tablets of Mevacor® 20 mg. Which of the following BEST describes the pharmacist's legal requirements?
- The pharmacist can loan, but not sell the drug.
 - The pharmacist can only sell an unopened, original container of the drug.
 - The pharmacist can sell the drug as long as a record of the sale is maintained.
 - The price charged to the pharmacy must be the same as the price charged to a patient.
51. A physician wants to use an out-of-stock Schedule II drug to treat one of his hospitalized patients. He asks the hospital pharmacist to borrow some of this medication from another hospital. Which of the following should the pharmacist do?
- Tell the physician that borrowing Schedule II drugs is not legal.
 - Obtain a supply of the drug from the other hospital using a DEA Form 222.
 - Borrow a supply of the drug from another hospital and record the quantity and lot number.
 - Tell the physician he may bring in his office supply of the drug.
52. Which of the following should be used to assess the quality of care provided by a clinic pharmacist to patients receiving oral anticoagulation therapy?
- the number of APTT values ordered
 - the number of patients seen per month
 - the number of patients with a warfarin rash
 - the number of hospitalizations due to GI bleeding
53. A quality assurance assessment of patients receiving phenytoin suspension and enteral feedings via a nasogastric tube demonstrates consistently subtherapeutic phenytoin levels. Phenytoin suspension is dosed twice a day. Which of the following should the pharmacist do to improve administration of phenytoin?

- a. Recommend another enteral feeding with less protein and more fat.
- b. Hold tube feedings for 1 hour before and after phenytoin administration.
- c. Obtain daily phenytoin serum levels and adjust the dose accordingly.
- d. Ensure that the phenytoin is diluted with distilled water prior to instillation.

57. A pharmacist receives the following prescription, filled by the technician, to check for accuracy.

John Smith, DO 1234 Main Street Brawley, CA	
(999) 555-9999	Lic. A12345
Jane Doe 5432 Minor Avenue, Brawley, CA	
January 6, 2004	
Cortisporin Otic #1	
Sig: Otic iv AD T.i.d. x 7d	
John Smith, DO	

54. A patient comes into the pharmacy for a refill on chlorhexidine 0.12% rinse. The pharmacist wants to ensure the patient is informed about the medication and is adhering to the medication regimen. Which of the following statements made by the patient would convince the pharmacist that the patient understands how to use the chlorhexidine?

- a. "I dilute 15 mL in 15 mL of tap water, rinse for 30 seconds, and discard."
- b. "I dilute 15 mL in 15 mL of tap water, rinse for 30 seconds, and swallow."
- c. "I use 15 mL undiluted, rinse for 30 seconds, and discard."
- d. "I use 15 mL undiluted, rinse for 30 seconds, and swallow."

55. The concept of preventing medication errors in the pharmacy is BEST characterized by a process that

1. focuses on individuals.
2. establishes a disciplinary policy.
3. monitors errors over time.
4. reviews dispensing processes.

- a. 1 and 2 only
- b. 1 and 3 only
- c. 2 and 4 only
- d. 3 and 4 only

56. A pharmacist is checking the accuracy of medications that were to be repackaged into unit dose form by a pharmacy technician. The medication that was to be repackaged is Cardura®. Which of the following medications should have been used?

- a. pindolol
- b. doxazosin
- c. carvedilol
- d. terazosin

Brawley Pharmacy 1234 Main Street Brawley, CA	(999) 555-1234
RX 91292 Jane Doe	1/6/04 Dr. J. Smith, DO
Place 6 drops in the left ear 3 times daily for one week.	
5 mL Hydrocortisone/Polymyxin B/ Neomycin Otic Drops (FG)	Exp. 1/05

The pharmacist should correct the

1. frequency of administration.
2. dose to be administered.
3. site of administration.
4. product to be dispensed.

- a. 1 and 2 only
- b. 1 and 4 only
- c. 2 and 3 only
- d. 3 and 4 only

58. A clinical coordinator at a medical center wishes to prepare a quality assurance report on patients receiving tobramycin per pharmacy protocol. Which of the following should be documented to assist in evaluating the appropriateness of therapy?

1. serum creatinine
2. alkaline phosphatase
3. serum transaminases
4. culture and sensitivity

- a. 1 and 3 only
- b. 1 and 4 only
- c. 2 and 3 only
- d. 2 and 4 only

59. An order for phenytoin 300 mg IV is written. The pharmacy technician prepares this dose in 150 mL of D5W in a plastic bag and labels it to be infused over 10 minutes. Which of the following describes the error made by the technician?

- a. The diluent used should not have been D5W.
- b. The admixture was not protected from light.
- c. It was labeled with an incorrect infusion rate.
- d. The solution was not placed in a glass container.

60. If a burglary occurs within a pharmacy and controlled substances are stolen, the pharmacist must report the loss to the Board of Pharmacy within
- 1 day.
 - 7 days.
 - 14 days.
 - 30 days.
61. A hospital pharmacy has agreed to participate in an investigational drug study that will be double-blinded. The manufacturer sends the initial supply to the pharmacy. The pharmacist should
- keep the supply separated from the other drugs in the pharmacy.
 - send the supply to the wholesaler and request as needed.
 - maintain the supply on the medication cart to be used as floor stock for enrolled patients.
 - place the placebo supply in the regular drug stock and the investigational drug in the narcotic vault.
62. To which of the following may a pharmacy directly sell dangerous drugs or devices without a prescription?
- home health care nurse
 - podiatrist
 - chiropractor
 - licensed paramedic
63. A pharmacist is conducting a monthly nursing station inspection in a hospital. In the medication room, the pharmacist notes that bottles of povidone-iodine and isopropyl alcohol are being stored next to the unit's stock supply of lidocaine 2% for injection. Which of the following actions should the pharmacist take?
- Recommend placing the isopropyl alcohol in a locked cabinet.
 - Return the lidocaine 2% vials to the pharmacy since they cannot be kept as floor stock.
 - Advise the nurses that external preparations must be stored separately from other drugs.
 - Counsel the nurses on the need to keep lidocaine 2% vials refrigerated.
64. A hospital pharmacist is checking a technician's work. Which of the following should the pharmacist do to ensure that the proper medication is dispensed?
- Assure that the medication has been charged.
 - Verify the expiration date of the medication.
 - Verify the product against the actual order.
 - Assure that the lot number is clearly printed on the package.
65. A pharmacist is NOT required to initiate patient consultation when
- the prescription is a refill, but the dose is changed.
 - the customer refuses consultation.
 - appropriate auxiliary labels have been attached.
 - the patient does not speak English.
66. A patient comes into the pharmacy with a new prescription for triamcinolone 0.1%. The pharmacy technician realizes that triamcinolone comes both as a cream and an ointment. The technician phones the physician's office to ask for clarification on the prescription. The nurse checks the patient's chart and tells the technician that the physician prescribed the ointment.
- Which of the following is the MOST APPROPRIATE action of the technician?
- Do not fill the prescription because the physician was not notified.
 - Do not fill the prescription because the cream is most commonly dispensed.
 - Fill the prescription since the order was clarified by the technician.
 - Fill the prescription once the pharmacist clarifies the order with the physician's office.
67. A pharmacy computer fails and will not be available for the next hour. While the computer is down, the pharmacist has a patient requesting a refill. The patient has brought in the original prescription container and the pharmacist has verified that a refill is available. Which of the following is LEGAL and in the best interest of the patient?
- Refuse to refill this prescription until the computer is back in operation.
 - Refill in the original container, cross the refill off the label, and change the fill date on the label to today.
 - Prepare a label, fill in a new container, and record this on the back of the prescription.
 - Provide a 1-day supply of medication in the original container and have the patient return the next day for the full amount of the refill.
68. In order to make a generic substitution, a pharmacist must do which of the following?
- Notify the patient of the substitution.
 - Charge the same or lower price for the generic.
 - Place the brand name on the label and write "substitute for."
 - Obtain the physician's consent to substitute the product.
69. Which of the following FDA-approved agents require that physicians comply with special safeguards and educational requirements before the drug can be dispensed?
1. thalidomide (Thalomid®)
 2. dofetilide (Tikosyn®)
 3. quinupristin/dalfopristin (Synercid®)
 4. drotrecogin alfa (Xigris®)
- 1 and 2 only
 - 1 and 3 only
 - 2 and 4 only
 - 3 and 4 only
70. A medication error resulting in serious patient harm has occurred in a hospital, and a root cause analysis is conducted. The results of the analysis indicate that similarity in generic name may have been involved. This should be reported to the
1. Food and Drug Administration.
 2. Drug Enforcement Agency.
 3. hospital Pharmacy and Therapeutics Committee.
 4. State Board of Pharmacy.
- 1 and 2 only

- b. 1 and 3 only
- c. 2 and 4 only
- d. 3 and 4 only

71. A hospital's Pharmacy and Therapeutics Committee decides to retain triamcinolone acetonide 0.1% cream as the medium potency product of choice. Which of the following is a medium potency preparation that should be removed from the formulary?

- a. fluocinonide 0.01% cream
- b. mometasone 0.1% cream
- c. desonide 0.05% cream
- d. clobetasol 0.05% cream

72. A pharmacist is conducting a medication use evaluation to assess the potential adverse effects of metoclopramide. For those patients who received metoclopramide, which of the following would be the MOST APPROPRIATE indicator of severe adverse effects?

- a. the number of patients who received parenteral antihistamines or anticholinergics
- b. the number of patients with glaucoma who experienced increased intraocular pressure or glaucoma crisis
- c. the average length of hospital stay of patients treated for acute or diabetes-related gastroparesis
- d. the number of times antiemetics were ordered after metoclopramide therapy

73. Which of the following quality assurance measures is the BEST choice to reduce medication errors in an inpatient setting?

- a. retrospective analysis, proactive intervention, and voluntary non-punitive reporting of errors
- b. retrospective quarterly reporting to the Pharmacy and Therapeutics Committee
- c. proactive intervention, limiting automated dispensing units, and monthly reporting to administration
- d. review of all charted doses, monthly reporting to the director of pharmacy, and quarterly reporting to the Board of Pharmacy

74. The pharmacy department at a hospital has received approval for therapeutic interchange of Product A with Product B through both the Pharmacy and Therapeutics Committee and the medical staff. When Product A is ordered by a physician, the pharmacist may do which of the following?

- a. Automatically interchange with Product B.
- b. Only interchange products if approved by the patient's insurance.
- c. Dispense Product B only after verbal approval from the physician.
- d. Dispense neither Product A nor B until receiving approval from the physician.

75. A pharmacist wants to document and evaluate the prevalence of *Clostridium difficile* colitis from antibiotic usage. Which of the following should be monitored to

obtain the highest yield for identifying this potential adverse drug reaction?

- a. laboratory tests for WBC counts
- b. medication orders for oral metronidazole
- c. laboratory tests for ova and parasites
- d. antibiotics given during the first 48 hours postoperatively

76. A pharmacist is revising the hospital's adverse drug reaction policy and procedure. The pharmacist wishes to include guidelines for analyzing possible reactions. Which of the following recommendations should be placed in these guidelines?

1. Determine if the drugs on the patient's profile have ever been associated with causing the reported reaction.
2. Require that the physician document the adverse drug reaction in the patient's medical record.
3. Request that the Pharmacy and Therapeutics Committee decide if the reaction should be disclosed to the FDA as being a sentinel event.
4. Assess how the patient may have responded to any interventions made after the reaction was noted.

- a. 1 and 3 only
- b. 1 and 4 only
- c. 2 and 3 only
- d. 2 and 4 only

77. At a minimum, the adverse drug reaction monitoring and reporting program at a hospital should include which of the following?

1. disseminating adverse drug reaction information for educational purposes
2. reporting all adverse drug reactions to the FDA
3. notifying the prescriber of any suspected adverse drug reaction
4. informing the drug manufacturer of every adverse drug reaction

- a. 1 and 3 only
- b. 1 and 4 only
- c. 2 and 3 only
- d. 2 and 4 only

78. A dentist calls and orders Percocet 5/325® for a patient who has had a root canal procedure. Percocet 5/325® is currently out of stock at the pharmacy. The dentist asks for a comparable pain medication. Which of the following should the pharmacist recommend?

- a. Tylenol #2®
- b. Darvocet-N 100®
- c. codeine 30 mg
- d. Vicodin®

ANSWERS

- | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. B | 11. C | 21. C | 31. C | 41. B | 51. B | 61. A | 71. B |
| 2. A | 12. D | 22. C | 32. C | 42. C | 52. D | 62. B | 72. A |
| 3. D | 13. C | 23. C | 33. A | 43. D | 53. B | 63. C | 73. A |
| 4. B | 14. B | 24. D | 34. B | 44. B | 54. C | 64. C | 74. A |
| 5. B | 15. B | 25. B | 35. C | 45. B | 55. D | 65. B | 75. B |
| 6. D | 16. C | 26. B | 36. B | 46. A | 56. B | 66. D | 76. B |
| 7. C | 17. C | 27. A | 37. C | 47. A | 57. C | 67. C | 77. A |
| 8. A | 18. A | 28. A | 38. C | 48. A | 58. B | 68. A | 78. D |
| 9. D | 19. D | 29. D | 39. A | 49. D | 59. A | 69. A | |
| 10. A | 20. B | 30. D | 40. B | 50. C | 60. D | 70. B | |



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