

The Canadian Nurse Practitioner Licensure Examination (CNPLE)

Study Guide

The clinical scenarios described in this prep tool are entirely fictional. No resemblance to real people or actual cases is intended.

Every effort was made to ensure the accuracy of the material presented in this prep tool at the time of publication.

Given that policies, procedures and instructions can change at any time, candidates should always read and follow the directions provided by the regulatory authority and the presiding officer and the instructions contained in the Canadian Nurse Practitioner Licensure Examination.

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Chapter 1: Using the CNPLE: F/AA Study Guide

The purpose of *The Canadian Nurse Practitioner Licensure Examination Prep Tool* is to assist candidates who will be writing the Canadian Nurse Practitioner Licensure Examination (CNPLE). This edition of the prep tool is designed specifically for those candidates who plan to take the CNPLE beginning in the spring of 2026.

The CNPLE is administered as a single test form consisting of 180 to 185 multiple-choice questions. Each question is designed to measure a specific practice statement. Each multiple-choice question is composed of two distinct elements: (1) the stem and (2) the options. The stem is the introductory part of the question that presents the candidate with a question or problem. The options are the alternatives (e.g., words, statements, numbers) from which the candidate is to select the correct or best answer to the question or problem posed in the stem. Each question has four options: the response representing the correct (or best) answer, and three distractors that are plausible but incorrect (or less adequate) options intended to distract the candidate who is uncertain of the correct response. Candidates are given four hours to complete the examination.

In the Practice Test, you will find a total of 80 multiple-choice practice questions. The Study Guide is designed to familiarize you with the format of CNPLE questions, and to provide you with information on the type of content administered on the examination. The questions in the Practice Test are based on the same set of practice statements as the questions on the CNPLE. For the list of all the competencies, see Appendix A.

As with the CNPLE, the Practice Test questions have been developed and reviewed by nurse practitioners who represent a variety of nursing programs, clinical backgrounds and regions of the country, and by psychometricians who help ensure that the Practice Test questions are similar to those that appear on the CNPLE. The questions represent common health situations of the population in those contexts or environments where nurse practitioners would work.

A key feature of the Practice Test is that, for each practice question, rationales are provided for correct and incorrect answers. Each question in the Practice Test is also supported by one or two references. The majority of these references have been published within the past five years. The purpose of the references is to indicate that the correct answer within each question has authoritative support from experts in the field and to provide you with a source for further reading and review.

It is important to note that, although your score on the Practice Test can give you some indication of how prepared you are for the CNPLE, the prep tool is only one tool for promoting your success. The prep tool should be used to supplement and reinforce the knowledge and skills taught in your educational program.

Success on the CNPLE depends on two main factors: (1) your knowledge of nurse practitioner principles and content, and (2) your ability to apply this knowledge in the context of specific health-care scenarios. This prep tool can help you in both areas. Completing the practice questions will help you review and integrate the concepts you have learned in your nurse practitioner program; it will also help you assess your skill in applying the concepts. Use the test instructions, test-taking strategies and question rationales to enhance your readiness to take the CNPLE.

Chapter Summary

The Study Guide consists of several chapters designed to help you with different aspects of your preparation. In this first chapter, you will learn the best way to use the Study Guide, given your individual needs and the amount of time you have to prepare for the CNPLE. Chapter 2 provides you with background information on the development, organization and format of the CNPLE.

Chapter 3 contains a variety of general preparation and test-taking strategies, as well as specific strategies for answering multiple-choice questions. Chapter 4 provides information on how to take the Practice Test. After checking your score on the Practice Test, you may wish to do a self-evaluation of your strengths and weaknesses. Chapter 5 shows you how to use the feedback provided in the Practice Test.

The bibliography lists all of the references cited in the Practice Test questions, along with other references commonly used for nurse practitioner practice. Appendix A presents the examination competencies that make up the content domain for the CNPLE.

Methods of Using the Study Guide

The prep tool can be used in different ways, depending on your particular needs and the amount of time you have before you write the CNPLE. The two suggested methods can be used successively as part of a comprehensive study plan. Each method should be preceded by a review of chapters 1, 2 and 3 before advancing to the Practice Test. The two methods differ in approach based on the amount of time you have available before you take the CNPLE. They cover periods of several months and two weeks before the actual examination.

Method A: Several Months Before Writing the Examination

If you have several months before the examination, the prep tool is best used as a learning tool. Take the time to familiarize yourself with the Study Guide and with the format and layout of the examination. When using this approach, work question by question. Method A gives you hands-on experience with examination questions and helps you identify any difficulties you may have with the examination format (e.g., not picking up on key words in the question, making unwarranted assumptions and reading too much into questions). Later in this document, you will find the Checklist of Common Test-Taking Errors, which will help you determine if you have particular difficulties that you can correct before writing the CNPLE.

Once you have completed the Practice Test, analyze the information in your Examination Review report. The results of this self-evaluation should be used to identify gaps or deficiencies in your knowledge and skills. If you know that you need improvement in particular domains, for example, make your remaining study time more productive by concentrating on those specific areas. You can view the practice statements related to these domains in Appendix A. Consulting the reference books linked to specific nurse practitioner topics will also make studying for the CNPLE easier. You will find these references cited in the rationales for each question and listed in full in the bibliography.

Method B: Two Weeks Before Writing the Examination

This method is based upon simulating the writing conditions of the CNPLE as closely as possible. In this case, follow the instructions precisely, time yourself as if you were actually taking the CNPLE. For both the CNPLE and the Practice Test, you should plan your time carefully, taking into account the number of questions and the time you have to answer them. The Practice Test has 80 questions to be answered in approximately 1 hour and 40 minutes, or an average of 1 minute and 15 seconds per question to give the most accurate representation. You may wish to further simulate true examination conditions by arranging to take the practice questions with other students who are preparing for the CNPLE.

Once you have completed all the questions, you can still benefit from analyzing the information in the Examination Review report as suggested in method A, which will help you concentrate on specific areas where you may need improvement. If you do not have time to obtain the references that correspond to areas where you need improvement, you may prefer to concentrate on the rationales provided for each option of the Practice Test's questions. Read the rationales for the correct answer and the incorrect options to gain insight into what made you answer correctly or incorrectly.

Chapter 2: Background on the CNPLE

Each provincial and territorial nursing regulatory authority is responsible for ensuring that graduates of nurse practitioner programs in Canada — as well as those educated in other countries who apply for registration as nurse practitioners within its jurisdiction — meet an acceptable level of competence before they begin to practise. The level of competence of nurse practitioners is measured in part by the Canadian Nurse Practitioner Licensure Examination, which is administered by provincial and territorial nursing regulatory authorities. Meazure Learning develops examination questions used in the examination by working in collaboration with the regulatory authorities and nurse practitioners across Canada. The nurse practitioners, nominated by the regulatory authorities, serve as the content experts in developing and validating the examination.

Licensure examinations have a well-defined purpose: to protect the public by ensuring that those who are licensed to practise possess sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of the CNPLE, the purpose is to protect the public by ensuring that the entry-level nurse practitioner possesses the practice statements required to practise safely, effectively and ethically.

The process used to develop the CNPLE is a criterion-referenced (C-R) approach. With the C-R approach, the CNPLE was developed to measure an explicitly defined content domain, which consists of the competencies expected of nurse practitioners beginning to practise. The competencies, and the guidelines and specifications that outline the way they are measured on the CNPLE, are presented in the CCRNR publication *Blueprint for the Canadian Nurse Practitioner Licensure Examination (2026)*.

The CNPLE is the result of many test development activities. Nurse practitioners with experience as educators, clinicians and administrators from across Canada created and evaluated examination questions with assistance from Meazure Learning psychometricians to ensure that the Practice Test questions are similar to those that will appear on the CNPLE.

CNPLE DEVELOPMENT GUIDELINES

This section contains the technical specifications used to guide the development of the CNPLE. It describes the guidelines followed in addressing the structural and contextual variables of the examination as presented in the Summary Chart: CNPLE Development Guidelines. This information is also available in the *Blueprint for the Canadian Nurse Practitioner Licensure Examination (2026)*.

Summary Chart: Canadian Nurse Practitioner Licensure Examination (2026–2030)

STRUCTURAL VARIABLES		
Examination length	180–185 questions	
Experimental questions	Some questions on the examination are experimental and will not count toward a candidate’s total score. Although most of these questions will be multiple-choice, other item formats may be used.	
Question format	The examination will primarily employ multiple choice questions but may also include a range of item types such as audio, video and other workplace materials.	
Presentation	Case-based questions	30–35%
	Independent questions	65–70%
Questions by Domain	Domain Area I: Clinician	60–80%
	A. Assessment	25–35%
	B. Diagnosis	8–12%
	C. Management	20–30%
	D. Counselling	5–10%
	E. Transition of Care, Discharge Planning and Documentation	5–10%
	Domain Area II: Quality Improvement and Research/Scholar	5–10%
	Domain Area III: Leader	5–10%
Domain Area IV: Educator	3–7%	
Domain Area V: Advocate	7–12%	
Percentage of questions by taxonomy of cognitive ability	Knowledge/Comprehension	Maximum of 5%
	Application	Minimum of 35%
	Critical Thinking	Minimum of 50%
CONTEXTUAL VARIABLES		
Health-care client	Individuals Families Groups, populations and communities	
Lifespan	The examination will include questions related to the lifespan, from preconception through to advanced age, including end of life. Examination questions for the entry-level nurse practitioner examination will reflect health situations relevant to the life phases.	

<p>Health situation/focus</p>	<p>Nurse practitioners provide health-care services to address health needs that are acute, chronic and emergent/urgent. These services also include health promotion and illness and injury prevention. From this context, the examination will include questions on the body systems or aspects of health identified under, but not limited to, the following areas:</p> <ul style="list-style-type: none"> • head, eyes, ears, nose, neck and throat • integumentary system • respiratory system • gastrointestinal system • cardiovascular system • genitourinary system • musculoskeletal system • neurological system • endocrine system • hematopoietic system • immune/lymphatic system • mental health and substance use • infectious/communicable diseases • sexual/reproductive health • oncology • pre-natal/perinatal/post-natal • nutrition/hydration • physical function and mobility • developmental delays/specific learning disorders • acute and/or chronic pain • cognition/decision-making • violence, abuse or neglect • emergencies • palliative • end of life
<p>Diversity</p>	<p>The examination questions will reflect diversity inherent in populations and are intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. The questions will not evaluate candidates' knowledge of specific values, beliefs and practices linked to individuals. Cultural issues are integrated within the questions.</p>
<p>Practice environment</p>	<p>The practice environment of nurse practitioners can be any setting or circumstance within which advanced nursing is practised. Most of the practice statements are not setting dependent. The health-care environment will be specified where necessary.</p>

Structural Variables

1. Examination Length

The examination will consist of approximately 180–185 multiple-choice questions. Of these, 160–165 will count toward the candidate's total score. The remaining 20–25 questions are presented experimentally and will not count toward the candidate's total score. An examination of 180–185 multiple-choice questions is sufficient to make both reliable and valid decisions about a nurse practitioner's readiness to practise safely, effectively and ethically.

2. Question Format and Presentation

The examination's multiple-choice questions will be presented either as case-based questions or independent questions. Case-based questions will include a set of approximately three to five questions associated with a brief health-care scenario. Independent questions will contain enough information necessary to answer the question. Table 1 shows the percentage of questions by presentation.

Table 1: Percentage of Questions by Presentation

Presentation	Percentage of Questions
Case-based questions	30–35%
Independent questions	65–70%

3. Percentage of Questions by Taxonomy of Cognitive Ability

To ensure that the practice statements are measured at various levels of cognitive ability, each question on the examination is classified into one of three levels: knowledge/comprehension, application or critical thinking.¹ Table 2 shows the percentage of questions by level of cognitive ability.

Table 2: Percentage of Questions by Taxonomy of Cognitive Ability

Taxonomy of Cognitive Ability	Percentage of Questions
Knowledge/Comprehension	Maximum of 5%
Application	Minimum of 35%
Critical Thinking	Minimum of 50%

Knowledge/Comprehension

The knowledge/comprehension level combines the ability to recall previously learned material with the ability to understand its meaning. It includes such cognitive abilities as knowing and understanding definitions, facts and principles and interpreting data (e.g., knowing the effects of medications to prevent adverse drug interactions when prescribing).

Application

The application level refers to the ability to apply knowledge and learning to new or practical situations. It reflects the entry-level nurse practitioner’s ability to apply rules, methods, principles and theories in different practice situations (e.g., applying principles of drug administration and concepts of comfort and safety).

Critical Thinking

The critical thinking level deals with higher-level thinking processes. It includes the ability of entry-level nurse practitioners to judge the relevance of data, to deal with abstractions, and to use clinical reasoning and inquiry along with an evidence-informed approach to solve problems (e.g., identifying priorities of care, evaluating the effectiveness of nurse practitioner actions). The entry-level nurse practitioner should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of clients.

4. Question Types

The examination will primarily employ multiple choice items but may also include a range of other question types that could include audio, video and other workplace materials.

¹ Classification system modified from B. S. Bloom (Ed.). (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain*. New York: David McKay.

5. Practice Statements by Domain

Table 3 presents the number of examination practice statements and the percentages of questions in each of the domains. These practice statements are based on the Canadian Council of Registered Nurse Regulators (CCRN) 2024 Practice Analysis Study of Nurse Practitioners, available at <http://www.ccrnr.ca/nurse-practitioners.html>.

Table 3: Weighting of Practice Statements by Domain

Domain	Number of Practice Statements	Percentage of Questions
Domain Area I: Clinician		60–80%
A. Assessment	17	25–35%
B. Diagnosis	4	8–12%
C. Management	16	20–30%
D. Counselling	12	5–10%
E. Transition of Care, Discharge Planning and Documentation	17	5–10%
Domain Area II: Quality Improvement and Research/Scholar	6	5–10%
Domain Area III: Leader	4	5–10%
Domain Area IV: Educator	3	3–7%
Domain Area V: Advocate	6	7–12%
Total	85	100%

Contextual Variables

Contextual variables qualify the content domain by specifying the nurse practitioner contexts in which the examination questions will be set. They include health-care client, lifespan, health situation/focus, diversity and practice environment.

1. Health-Care Client

The examination will include questions pertaining to 1) individuals, 2) families and 3) groups, populations and communities. Most questions on the examination will target individuals.

2. Lifespan

The examination will include questions related to the lifespan, from preconception through to advanced age, including end of life. Questions will reflect health situations relevant to all life phases:

- the period between preconception and birth
- newborn and infants (birth to 12 months)
- young child (1–6 years)
- older child (7–12 years)
- adolescent (13–18 years)
- young adult (19–35 years)
- middle adult (36–64 years)
- older adult (65–79 years)
- adult of advanced age (80+ years)

The distribution of the examination questions may be guided by the demographics of clients (e.g., projections of Canadian population statistics by age). Ongoing reference to current population trends (e.g., health services utilization statistics and nursing policy documents) and the practice statements will inform the development and revision of examination questions.

3. Health Situation/Focus

Nurse practitioners provide health-care services to address health needs that are acute, chronic and emergent/urgent. These services also include health promotion and illness and injury prevention. From this context, the examination will include questions on the body systems or aspects of health identified under, but not limited to, the following areas:

- head, eyes, ears, nose, neck and throat
- integumentary system
- respiratory system
- gastrointestinal system
- cardiovascular system
- genitourinary system
- musculoskeletal system
- neurological system
- endocrine system
- hematopoietic system
- immune/lymphatic system
- mental health and substance use
- infectious/communicable diseases
- sexual/reproductive health
- oncology
- pre-natal/perinatal/post-natal
- nutrition/hydration
- physical function and mobility
- developmental delays/specific learning disorders
- acute and/or chronic pain
- cognition/decision-making
- violence, abuse or neglect
- emergencies
- palliative
- end of life

4. Diversity

The examination questions will reflect the diversity inherent in populations and are intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. The questions will not evaluate candidates' knowledge of specific values, beliefs and practices linked to individuals. Cultural issues are integrated within the questions.

5. Practice Environment

The practice environment of nurse practitioners can be any setting or circumstance within which advanced nursing is practised. Most of the practice statements are not setting dependent. The health-care environment will be specified where necessary.

Chapter 3: Examination Preparation and Test-Taking Strategies

This chapter will help you prepare to take the CNPLE by reviewing what you need to do before and during the examination, and how you can best perform on multiple-choice questions.

Study Effectively

Select a place for studying that is quiet, comfortable and free from distractions. Develop a study plan schedule, dividing your time between specific topics or sections. Keep in mind that five 2-hour sessions are likely to be more beneficial than two 5-hour periods. Monitor your progress and revise your schedule as necessary. You should also give yourself enough time before taking the CNPLE to take the Practice Test, to benefit from the detailed, targeted feedback this exercise will provide you.

Take the Practice Test

After you have completed your initial program of study, taking the online Practice Test under conditions that are as close as possible to those of the actual CNPLE is an ideal way to assess your readiness to take the examination and to ensure that there will be no surprises. Give yourself the right amount of time to complete the Practice Test. Make sure that you complete the Practice Test so that the information in your Examination Review report provides accurate feedback.

Use the Information from Your Examination Review Report

When you complete the Practice Test, an analysis of your performance in the form of the Examination Review report will be generated. Your scored responses, combined with the rationales provided for all the answers will enable you to clearly identify your strengths and weaknesses. Use this information to focus further studying in the identified areas of weakness.

Strategies for Multiple-Choice Questions

Familiarize Yourself with Multiple-Choice Questions

A thorough understanding of multiple-choice questions will allow you to most effectively apply your knowledge and skills in the testing environment.

A multiple-choice question is constructed so that only someone who has mastered the subject matter will select the correct answer; to that person, only one option will appear to be the correct answer. To someone who lacks a firm grasp of the subject matter, all options may look plausible.

Use a Specific Approach

It is often helpful to use the following approach to answer the multiple-choice questions that appear on the CNPLE.

1. Carefully read the information provided in the case text (for cases) and in the stem of the question. Before looking at the options, concentrate on what is being asked in the question and relate this to the data provided. Do not make any assumptions unless they are directly implied. Try to understand the client's health situation and the care the client is likely to require.
2. Pick out important words that relate to the question. For example, in some questions you may be asked for the most appropriate *initial* response by the nurse practitioner; other questions may deal with the nurse practitioner's most *ethical* response or the nurse practitioner's most *therapeutic* response. Reviewing the questions in the Practice Test will help you to recognize key words that will appear on the CNPLE.
3. Based on your knowledge and skills, use the information provided and try to anticipate the correct answer.
4. Study the alternatives provided and select the one that comes closest to the answer you predicted. You may wish to reread the stem before finalizing your selection.
5. Consider each question separately. Try not to rush, but do not spend more than 1 to 1½ minutes on any question. If you do not know the answer to a question, skip it and return to it later. If you still do not know the correct answer, you can make a guess. There is no penalty for guessing.
6. When you decide on a correct answer, select your choice before moving to the next question. Be cautious about changing your answer. Very often your first choice is correct. Making a new selection is only advantageous if you are confident that the new choice is correct.
7. Leave time to go back through your answers to make sure that you have answered all questions. As indicated earlier, since there is no penalty for guessing, it is advantageous to answer all questions.

Take Advantage of the Process of Elimination

If you are not presented with an option that matches, or is close to, the one you predicted after reading the stem, try to eliminate some of the options that are clearly incorrect.

The following example illustrates how you can benefit from the process of elimination.

Question

Which response by the nurse practitioner would best assist Mrs. Clement to verbalize her fears when she expresses anxiety about the possibility of having a mastectomy?

1. “I know exactly how you feel about this.”
2. “Would you like to talk to the physician?”
3. “You seem worried that you may need to have surgery.”
4. “It’s a normal reaction to be afraid when faced with surgery.”

To take full advantage of the process of elimination, it is important to focus on the key idea in the stem. The key idea is assisting the client to verbalize her fears.

In option 1, the focus is on the nurse practitioner and not on the client or her concerns. Option 1 can be eliminated because it is highly unlikely that any one person knows exactly how someone else feels in a given situation.

Option 2 also fails to address the client’s immediate concern because the nurse practitioner completely avoids dealing with the client and passes the responsibility on to another team member. For this reason, option 2 can be eliminated as a possible correct answer.

Option 4 should be eliminated immediately. By telling the client that what she is experiencing is “normal,” the nurse practitioner implies that the client’s situation is routine. Such a response would be depersonalizing and non-therapeutic.

After these three options are systematically eliminated, you can consider option 3, the correct option, which is an open-ended response that encourages the client to begin talking about how she feels about her upcoming surgery.

Checklist of Common Test-Taking Errors

Candidates often make mistakes on an examination because of errors in processing facts and information or because of difficulties with multiple-choice questions. These are technical errors related more to answering questions than to a lack of knowledge or skill.

As you proceed through the Practice Test and determine whether you answered questions correctly, you may wish to keep a checklist of problems you had related to your test-taking skills. You can then use the results of this checklist to identify skills that you need to develop during your preparation for the CNPLE.

A checklist of common test-taking errors is provided below. Check off the particular technical error(s) you made with the questions you answered incorrectly. Keep in mind that you may have more than one technical error with any one question.

Checklist of Common Test-Taking Errors

- Missed important information in the case text
- Misread the stem of the question
- Failed to pick out important or key words in the stem of the question
- Did not relate the question to information in the case text
- Made assumptions in the case text or question
- Focused on insignificant details and missed key issues
- Skipped a question and forgot to go back and answer it
- Changed original answer
- Other (specify) _____

Chapter 4: Taking the Practice Test

The Practice Test, which is available online, contains a total of 80 questions. The questions presented in the Practice Test are typical of those you will see on the CNPLE. They represent common and predictable health situations of the population in those contexts or environments where entry-level nurse practitioners would work in a generalist role. As with the actual CNPLE, the questions on the Practice Test have been developed and reviewed by nurse practitioners and educators who represent a variety of nursing programs, different clinical backgrounds and different regions of the country. Furthermore, both the Practice Test and the actual CNPLE are designed according to the specifications and guidelines outlined in Chapter 2 and in the *Blueprint for the Canadian Nurse Practitioner Licensure Examination (2026)*.

Note that you will have up to three attempts in the online Practice Test over a 90-day period. You will be able to review your performance on those three attempts in the history tab.

One of the most important features of the Study Guide is that, for each question on the Practice Test, rationales are provided to explain why the options are correct or incorrect. These rationales emphasize nursing concepts and principles that are essential for entry-level nurse practitioners. Although the questions on the Practice Test are different from those on the CNPLE, the general principles and concepts being tested are the same because the questions are developed from the same set of practice statements.

Furthermore, most questions on the Practice Test are supported by two references that have been published within the past five years. The purpose of the references is twofold: (1) to indicate that the correct answer within each question has authoritative support from at least two experts in the field, and (2) to provide you with a source for further reading and review. Every attempt has been made to use references that are up-to-date, accessible and accepted within the nursing community. If you are unable to locate the specific references cited in the Bibliography, there are many other equally sound textbooks that provide support for the questions in the Practice Test.

Suggested Process When Using the Prep Tool

The Prep tool can be used in different ways depending on your particular needs. A suggested process is as follows:

1. Take the online Practice Test under examination conditions. Use this process to familiarize yourself with the online Practice Test format and layout of the examination. That means taking the examination in a quiet location without the benefit of books, notes or other aids and strictly adhering to the time limit. The benefit of this initial approach is to provide you with an idea of how you would potentially perform on the CNPLE.
2. After taking the online Practice Test, your Examination Review report will be generated. It will include summary information, a diagnostic report and question details. Review the definitions of the categories and domains paying close attention to your areas of strength and weakness in your Examination Review report.
3. Review the classification into which each question falls, then read the rationales for the correct answer and the incorrect options to gain insight into what made you answer correctly or incorrectly as well as the references provided that support the correct answer.
4. Review the test-taking strategies and the common test-taking errors in Chapter 3 of this document.
5. Develop a strategy for study in the areas of weakness identified.
6. Take the Practice Test again and review the newly generated Examination Review report.

Chapter 5: Interpreting Your Examination Review Report

Interpreting Your Scores

Once you have taken the online Practice Test, an Examination Review report will be generated. You will be provided with the number of questions you answered correctly, the total number of questions on the Practice Test and your percentage score. There are two areas you should consider: your overall score out of 80 and your performance on the categories in the diagnostic report – Domain Categories.

The Examination Review report combined with the test-taking strategies described in Chapter 3 will provide useful feedback on your performance and enhance your preparation for the CNPLE.

Interpreting your performance in each category

Classification of Questions

These classification schemes reflect the weighted elements from the blueprint, detailed explanations of which were provided in Chapter 2. Each question in the Practice Test has been classified within two different classification schemes: domain category and taxonomy of cognitive ability.

The goal in reviewing your Examination Review report is to identify your areas of relative strength and weakness. This information can help you make the best use of your remaining preparation time.

Reviewing Performance Results by Category

Generally, those categories in which you selected a high percentage of incorrect answers are the areas you should focus on during your remaining preparation time. However, this approach can be further refined to arrive at a more accurate diagnosis, as follows.

1. Pay close attention to the percentage of questions in each category. Your strengths and weaknesses in the areas with larger numbers of questions will have the greatest impact on your overall performance. For example, for the domain category, if you answer 20% of the questions in *Domain Area I: Clinician* incorrectly, that is equal to many more questions than if you answered 20% of the questions in the *Domain Area IV: Educator* incorrectly. This is an important aspect in understanding your performance.

Both the *percentage* of incorrect responses in a category and the total *number* of incorrect responses in a category should be carefully considered to make a complete interpretation of your performance. The more the number of questions in a particular category, the greater the impact will be on your performance or total score.

It is worth repeating: a fairly small percentage of incorrect responses in the *Domain Area I: Clinician* category represents a relatively large number of questions on the examination. Consequently, improving your performance in this category by only a few percentage points can make a greater difference to your overall result.

Therefore, although a high percentage of incorrect responses in a domain category is certainly an indication of a weakness in that category, your best strategy for studying may require you to focus on another category, one that has a greater representation on the examination.

2. Once you have determined which domain categories you need to improve in, refer to Chapter 2 or the *Blueprint for the Canadian Nurse Practitioner Licensure Examination (2026)* and review the definitions of domains (and the areas under each one) in the categories identified as areas of weakness for you; this will give you an overview of the competencies that require your attention.
3. Using your scored responses from the online Practice Test, review all the questions that are classified in the domain categories you have identified as weaker for you. Include in your review both the questions you answered correctly as well as those you answered incorrectly because this will give a more complete review of the content that measures the competencies you need to improve on. Be sure to read the rationales for the correct and incorrect responses to get a better understanding of your areas of weakness.
4. Look up the references cited (or other comparable references) for the questions you answered incorrectly; review the detailed information they offer on the content areas that were more difficult for you. This can increase your understanding of material you may not have yet fully mastered.

Bibliography

- Alberta Health Services. (2022). *Soft tissue knee assessment clinical pathway*.
<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-bjh-msk-soft-tissue-knee-clinical-pathways.pdf>
- Alberta Health Services. (2024). *Prevention shoulder primary care clinical pathway*.
<https://www.albertahealthservices.ca/assets/info/aph/if-aph-prov-shoulder-primary-care-pathway.pdf>
- Alfaro-LeFevre, R. (2016). *Critical thinking, clinical reasoning and clinical judgment: A practical approach, pageburst E-book on kno*. Elsevier Health Sciences.
- Anti-infective Review Panel. (2024). *Anti-infective guidelines for community-acquired infections*. MUMS Health Guidelines.
- Arnold, E. C., & Boggs, K. U. (2016). *Interpersonal relationships: Professional communication skills for nurses* (7th ed.). Elsevier.
- Astle, B. J., Duggleby, W., Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. (2023). *Potter and Perry's Canadian Fundamentals of Nursing-E-Book: Potter and Perry's Canadian Fundamentals of Nursing-E-Book*. Elsevier Health Sciences.
- Bastable, S. B. (2017). *Essentials of patient education* (2nd ed.). Jones & Bartlett Learning.
- Bebb, R., Millar, A., & Brock, G. (2018). Sexual dysfunction and hypogonadism in men with diabetes. *Canadian Journal of Diabetes*, 42, S228-S233. <https://doi.org/10.1016/j.jcjd.2017.10.035>
- Bell, A., Andrade, J. G., Macle, L., Connelly, K. A., LaBine, L., & Singer, A. G. (2023) Approach to atrial fibrillation: Essentials for primary care. *Canadian Family Physician*. 69(4), 245-256.
<https://doi.org/10.46747/cfp.6904245>
- Bickley, L. S., Szilagyi, P. G., Hoffman, R. M., & Soriano, R. P. (2021). *Bates' guide to physical examination and history taking* (13th ed.). Wolters Kluwer. <https://apn.lwwhealthlibrary.com/book.aspx?bookid=2964§ionid=0>
- Boggs, K. (2022). *Interpersonal relationships: Professional communication skills for nurses* (9th Ed.). Elsevier.
- Bower, C., Reilly, B. K., Richerson, J., & Hecht, J. L. (2023). Hearing assessment in infants, children, and adolescents: recommendations beyond neonatal screening. *Pediatrics*, 152(3), e2023063288.
<https://doi.org/10.1542/peds.2023-063288>
- Brunt, B. A., & Bogdan, B. A. (2025). *Nursing Professional Development Leadership*. StatPearls Publishing.
<https://www.ncbi.nlm.nih.gov/books/NBK519064/>
- Canadian Association of MAiD Assessors and Providers. (n.d.). *Palliative Care & MAiD*.
https://camapcanada.ca/for_clinicians/clinician-resources/palliative-care-maid/
- Canadian Cancer Society. (n.d.). *How do I find a colorectal cancer screening program?*
<https://cancer.ca/en/cancer-information/find-cancer-early/get-screened-for-colorectal-cancer/how-do-i-find-a-colorectal-cancer-screening-program>

- Canadian Cancer Society. (n.d.). *Screening for colorectal cancer*. <https://cancer.ca/en/cancer-information/cancer-types/colorectal/screening>
- Canadian Cardiovascular Society. (n.d.). *Framingham Risk Score*. https://ccs.ca/app/uploads/2020/12/FRS_eng_2017_fnl1.pdf
- Canadian Centre on Substance Use and Addiction. (n.d.) *Opioids*. https://www.ccsa.ca/en/guidance-tools-resources/substances/opioids?field_areas_of_expertise_target_id=10365
- Canadian Digestive Health Foundation. (n.d.) *Irritable Bowel Syndrome*. <https://cdhf.ca/en/digestive-conditions/irritable-bowel-syndrome-ibs/>
- Canadian Mental Health Association. (n.d.). *Assessing community needs and resources*. https://ontario.cmha.ca/wp-content/uploads/2017/03/cca_roadmap_assessing_community_needs.pdf
- Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework*. Ottawa: Author.
- Canadian Nurses Association. (2010). *Canadian Nurse Practitioner Core Competency Framework 2010*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Competency_Framework_2010_e.pdf
- Canadian Nurses Association. (2011). *Interpersonal collaboration. The nurse practitioner position statement*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Interprofessional_Collaboration_position_statement.pdf
- Canadian Nurses Association. (2016). *The nurse practitioner position statement*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/The_Nurse_Practitioner_Position_Statement_2016.pdf
- Canadian Nurses Association. (n.d.). *Advanced practice nursing*. <https://www.cna-aiic.ca/en/nursing/advanced-nursing-practice>
- Canadian Nurses Association. (n.d.). *CNA's Policy Roadmap for 2025 and Beyond*. <https://www.cna-aiic.ca/en/policy-advocacy/2025-federal-election-platform#:~:text=Investments%20in%20prevention%2C%20public%20health,is%20prepared%20for%20global%20challenges>.
- Canadian Nurses Protective Society. (n.d.). *InfoLAW: Confidentiality of Health Information*. <https://cnps.ca/article/confidentiality-of-health-information/#:~:text=Maintaining%20confidentiality%20is%20an%20aspect,testifying%20under%20oath%20at%20trial>.
- Canadian Paediatric Society. (2024). *Rourke Baby Record: 2024 Edition*. [https://cps.ca/en/tools-outils/rourke-baby-record#:~:text=The%20Rourke%20Baby%20Record%20\(RBR,first%20five%20years%20of%20life](https://cps.ca/en/tools-outils/rourke-baby-record#:~:text=The%20Rourke%20Baby%20Record%20(RBR,first%20five%20years%20of%20life).
- Canadian Nurses Protective Society. (2020). *InfoLaw: Telepractice*. <https://cnps.ca/article/telepractice/>
- Canadian Public Health Association. (2024). *A public health approach to sex work*. <https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/2024-02-ph-approach-sex-work-e.pdf>

- Canadian Task Force on Preventive Health Care. (2022). *Depression during pregnancy and the postpartum period*. [https://canadiantaskforce.ca/guidelines/published-guidelines/depression-during-pregnancy-and-the-postpartum-period/#:~:text=The%20Canadian%20Task%20Force%20on,to%201%20year%20after%20childbirth\)%20](https://canadiantaskforce.ca/guidelines/published-guidelines/depression-during-pregnancy-and-the-postpartum-period/#:~:text=The%20Canadian%20Task%20Force%20on,to%201%20year%20after%20childbirth)%20)
- Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives*. FA Davis Company.
- Carusi, D. A. (2026). *Condylomata acuminata (anogenital warts): Treatment of vulvar and vaginal warts*. Up to date as of Feb 2026. <https://www.uptodate.com/contents/condylomata-acuminata-anogenital-warts-treatment-of-vulvar-and-vaginal-warts/print>
- Centre for Addiction and Mental Health. (2021). *Smoking Cessation: Assessment*. [Smoking Cessation: Assessment | CAMH](#)
- Choosing Wisely Canada. (n.d.). *Antibiotics for ear infections in children*. <https://choosingwiselycanada.org/pamphlet/children-ear-infections/>
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., ... & Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(sup1), S1–S259. <https://doi.org/10.1080/26895269.2022.2100644>
- Corey, G. (2022). *Theory and Practice of Group Counseling*. Cengage Learning.
- Crohn's Colitis Foundation of America. (n.d.). *Inflammatory bowel disease and irritable bowel syndrome similarities and differences*. <https://www.crohnscolitisfoundation.org/sites/default/files/legacy/assets/pdfs/ibd-and-irritable-bowel.pdf>
- Dains, J. E., Baumann, L. C., & Scheibel, P. (2023). *Advanced health assessment & clinical diagnosis in primary care* (7th ed.). Elsevier.
- Diabetes Canadian (2025). *Updated clinical practice guidelines*. <https://www.diabetes.ca/media-room/news/updated-clinical-practice-guidelines-released-for>
- Diabetes Canada. (n.d.). *Clinical Practice Guidelines: Self-Management Education & Support*. https://diabetes.ca/health-care-providers/clinical-practice-guidelines/chapter-7#panel-tab_FullText
- Domes, T., Najafabadi, B. T., Roberts, M., Campbell, J., Flannigan, R., Bach, P., Patel, P., Langille, G., Krakowsky, Y., & Violette, P. D. (2021). Canadian urological association guideline: Erectile dysfunction. *Canadian Urological Association Journal*, 15(10), 310–22. [cuaj-10-310.pdf](https://doi.org/10.1007/s40201-021-00310-0)
- Ellis, J., De La Lis, A., Rosen, E., Simpson, M. T., Beyea, M. M., & Beyea, J. A. (2024). Approach to otitis externa. *Canadian Family Physician*, 70(10), 617–623. <https://doi.org/10.46747/cfp.7010617>
- Elobuike, L. A. (2025). *How embracing mentorship can empower the next generation of health-care leaders*. Canadian Nurse. <https://www.canadian-nurse.com/blogs/cn-content/2025/01/13/embracing-mentorship>
- Family medicine notes. (n.d.). <https://familymedicinotes.com/>
- Global Initiative for Chronic Obstructive Lung Disease. (2020). *Global strategy for the diagnosis, management, and prevention of chronic pulmonary disease (2020 Report)*. https://goldcopd.org/wp-content/uploads/2019/12/GOLD-2020-FINAL-ver1.2-03Dec19_WMV.pdf

- Goupil, R., Tsuyuki, R. T., Santesso, N., Terenzi, K. A., Habert, J., Cheng, G., Gysel, S. C., Bruneau, J., Leung, A. A., Campbell, N. R. C., Schiffrin, E. L., & Hundemer, G. L. (2025). Guideline: Hypertension Canada guideline for the diagnosis and treatment of hypertension in adults in primary care. *Canadian Medical Association Journal*, 197(20), E549-E564. <https://doi.org/10.1503/cmaj.241770>
- Government of British Columbia. (2024). *Hypertension- Diagnosis and Management*. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/hypertension>
- Government of Canada. (2024). *For health professionals: Hepatitis A*. <https://www.canada.ca/en/public-health/services/diseases/hepatitis-a/for-health-professionals.html>
- Government of Canada. (2025). *Anogenital warts guide: Key information and resources*. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/anogenital-warts.html>
- Government of Canada. (2025). *Folic acid, healthy pregnancy and neural tube defect prevention*. <https://www.canada.ca/en/public-health/services/pregnancy/folic-acid.html>
- Government of Canada. (2025). *Sexually transmitted and blood-borne infections: Guides for health professionals*. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html>
- Harris, M. J., Murtfeldt, R., Wang, S., Mordecai, E. A., & West, J. D. (2023). The role and influence of perceived experts in an anti-vaccine misinformation community. *medRxiv*, <https://doi.org/10.1101/2023.07.12.23292568>
- HealthLinkBC, (2025). *Prenatal ultrasound*. <https://www.healthlinkbc.ca/healthlinkbc-files/prenatal-ultrasound>
- Heart and Stroke. (n.d.). *Emergency signs*. <https://www.heartandstroke.ca/heart-disease/emergency-signs>
- Hockenberry, M. J., Duffy, E. A., & Gibbs, K. (2024). *Wong's nursing care of infants and children* (12th ed.). Elsevier.
- Ignatavicius, D. D., Rebar, C. R., & Heimgartner, N. M. (2023). *Medical-surgical nursing: Concepts for clinical judgment and collaborative Care* (11th ed.). Elsevier.
- Jarvis, C. (2023). *Physical examination and health assessment* (4th ed.). A. J. Browne, J. MacDonald-Jenkins, & M. Luctkar-Flude (Eds). Elsevier.
- Kaur, P., Carlson, K., & Panneerselvam, D. (2025). Bicornuate Uterus. *National Library of Medicine*. <https://www.ncbi.nlm.nih.gov/books/NBK560859/>
- Keatings, M., & Adam, P. (2020). *Ethical & legal issues in Canadian* (4th ed.). Elsevier.
- Korownyk, C. S., Montgomery, L., Young, J., Moore, S., Singer, A. G., MacDougall, P., ... & Lindblad, A. J. (2022). PEER simplified chronic pain guideline: management of chronic low back, osteoarthritic, and neuropathic pain in primary care. *Canadian Family Physician*, 68(3), 179-190. <https://doi.org/10.46747/cfp.6803179>
- Lai, A., & McLaughlin, M. (2022). Clinician's corner: Mastering the Ottawa ankle rule: What is it? *Canadian Journal of Emergency Nursing*, 45(1). <https://doi.org/10.29173/cjen189>

- Laufer, M. R., & DeCherney, A. H. (2026). *Congenital uterine anomalies: Clinical manifestations and diagnosis*. Up to Date as of Feb 2026. https://www.uptodate.com/contents/congenital-uterine-anomalies-clinical-manifestations-and-diagnosis?search=bicornuate%20uterus§ionRank=1&usage_type=default&anchor=H11&source=machineLearning&selectedTitle=1~30&display_rank=1#H11
- Le Saux, N., & Robinson, J. L. (2024). *Management of acute otitis media in children six months of age and older*. Canadian Paediatric Society. <https://cps.ca/en/documents/position/acute-otitis-media>
- Leifer, G. (2023). *Introduction to Maternity and Pediatric Nursing* (9th ed.) Elsevier.
- Liu, Y., Han, L., & Cao, J. (2023). Invasive fungal otitis media in diabetic patients: a case-based review. *The Journal of International Advanced Otolaryngology*, 19(1), 55–60. <https://doi.org/10.5152/iao.2023.22743>
- MacDonald, N., Desai S., & Gerstein, B. (2024). *Working with vaccine-hesitant parents: An update*. Canadian Paediatric Society. <https://cps.ca/en/documents/position/working-with-vaccine-hesitant-parents>
- MacDonald, S. A., & Jakubec; S. L. (2021). *Stanhope and Lancaster's community health nursing in Canada* (4th ed.). Toronto: Elsevier.
- Marquis, B. L., & Huston, C. J. (2021). *Leadership role and management functions in nursing: Theory and application* (10th ed.). Wolters Kluwer.
- Masterman, C., Mendlowitz, A. B., Capraru, C., Campbell, K., Eastabrook, G., Yudin, M. H., Kushner, T., Flemming, J. A., Feld, J. J., Babenko-Mould, Y., Tryphonopoulos, P. & Biondi, M. (2024). An evolutionary concept analysis: stigma among women living with hepatitis C. *BMC Public Health*, 24(1), 2660. <https://doi.org/10.1186/s12889-024-20131-6>
- Means, R., & Fairfield, K. (2025). *Clinical manifestations and diagnosis of vitamin B12 and folate deficiencies*. Up to date as of Feb 2026. <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-vitamin-b12-and-folate-deficiencies>
- MedCalc (n.d.). *Ottawa Ankle Rules*. <https://www.mdcalc.com/calc/1670/ottawa-ankle-rule>
- Michael G. DeGroot National Pain Centre. (2025). *2025 Canadian opioid prescribing guideline*. McMaster University Faculty of Health Sciences. <https://npc.healthsci.mcmaster.ca/wp-content/uploads/2024/06/2025-Opioid-Prescribing-Guideline-Digital.pdf>
- Miller, D. (2023). Hepatitis A. *Canada's source for HIV and hepatitis C information*. <https://www.catie.ca/hepatitis-a>
- Mir, H., Eisenberg, M. J., Benowitz, N. L., Cowley, E., Heshmati, J., Jha, P., Khara, M., Mullen, K. A., Ofori, S. N., Rigotti, N. A., & Cartier, R. S. (2025). Canadian cardiovascular society clinical practice update on contemporary approaches to smoking cessation. *Canadian Journal of Cardiology*, 41(5), p797-812. <https://doi.org/10.1016/j.cjca.2024.12.037>
- National Collaborating Centre for Infectious Diseases. (2015). *Notifiable Diseases Database: Factsheet*. <https://nccid.ca/publications/notifiable-diseases-database-factsheet/>
- Nurses and Nurse Practitioners of BC. (2023). *NNPBC Nurse Practitioner Advocacy Toolkit Reference Guide*. <https://www.nnpbc.com/pdfs/council-portals/np/misc/NNPBC-NP-Advocacy-Toolkit.pdf>

- Ontario Health (2020). *Transitions between hospital and home: Care for people of all ages. Quality Standards.* <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-transitions-between-hospital-and-home-quality-standard-en.pdf>
- Ontario Health (2024). *Gender-affirming care for gender diverse people: Care for adults. Quality Standards.* <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-gender-affirming-care-adults-en.pdf>
- Morin, S. N., Feldman, S., Funnell, L., Giangregorio, L., Kim, S., McDonald-Blumer, H., ... & Wark, J. D. (2023). Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update. *Canadian Medical Association Journal*, 195(39), E1333-E1348. <https://doi.org/10.1503/cmaj.221647>
- Pearson, G. J., Thanassoulis, G., Anderson, T. J., Barry, A. R., Couture, P., Dayan, N.,..., & Wray, W. (2021). 2021 Canadian cardiovascular society guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in adults. *Canadian Journal of Cardiology*, 37(8), 1129-1150.
- Ramirez, J. A. (2026). *Overview of community-acquired pneumonia in adults.* <https://www.uptodate.com/contents/overview-of-community-acquired-pneumonia-in-adults>
- Rosen, H., & Drake, M. (2024). *Clinical manifestations, diagnosis, and evaluation of osteoporosis in postmenopausal women.* https://www.uptodate.com/contents/clinical-manifestations-diagnosis-and-evaluation-of-osteoporosis-in-postmenopausal-women?search=measles%20clinical%20manifestations%20diagnosis%20of%20osteoporosis%20in%20postmenopausal%20women&source=search_result&selectedTitle=8~150&usage_type=default&display_rank=7
- Sanis Health Inc. (2025). *Amoxicillin.* https://pdf.hres.ca/dpd_pm/00080711.PDF
- Sauve, L., Forrester, A. M., & Karina. (2021). *Group A streptococcal (GAS) pharyngitis: A practical guide to diagnosis and treatment.* Canadian Paediatric Society. <https://cps.ca/en/documents/position/group-a-streptococcal>
- Sealock, K., Seneviratne, C., Lilley, L. L., & Snyder, J. S. (2020). *Lilley's Pharmacology for Canadian Health Care Practice-E-Book.* Elsevier Health Sciences.
- Shraim, M. A., Massé-Alarie, H., & Hodges, P. W. (2021). Methods to discriminate between mechanism-based categories of pain experienced in the musculoskeletal system: a systematic review. *Pain*, 162(4), 1007-1037. [10.1097/j.pain.0000000000002113](https://doi.org/10.1097/j.pain.0000000000002113)
- The College of Family Physicians of Canada. (2024). *Rourke Baby Record.* <https://www.cfpc.ca/en/education-professional-development/practice-tools-guidelines/rourke-baby-record>
- The Society of Obstetricians and Gynaecologists of Canada, (n.d.). *Your pregnancy.* <https://www.pregnancyinfo.ca/your-pregnancy/routine-tests/ultrasound/#:~:text=The%20most%20accurate%20way%20to,ultrasound%20between%2018%2D20%20weeks.>
- Toronto Notes 2023: *Primary, Comprehensive medical reference and review for Medical Council of Canada Qualifying Exam (MCCQE)* (39th ed.). A. W. Erickson, J. Parker, D. Z. Khat, M. Li, K. Gaebe, A. Li, V. Mehra, C. C. Tan, J. Chan, J. Lu, R. & Ramendra (Eds.)
- Vallerand, A. H., & Sanoski, C. A. (2021). *Davis's Canadian drug guide for nurses* (17th ed.). F.A. Davis.

- Vaqr, S., Shackelford, K. B., & Rudolph, S. (2023). *Pernicious Anemia (Nursing)*. In: StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/sites/books/NBK568700/>
- Vrati, M., Farooq, S., Sriram, P., & Tunde-Byass, M. (2024). Diagnosis and management of early pregnancy loss. *Canadian Medical Association Journal*, 196 (34) E1162-E1168. <https://doi.org/10.1101/2023.07.12.23292568>
- Wagner, B., Biringer, A., Bowen, A., Bozzo, P., Chan, W. S., Di Lallo, S., Graves, L., Hanvey, L., Harness, C., Keenan-Lindsay, L., Kingston, D., Lemay, A., Maltepe, C., Menard, L. M., Okun, N., Pupco, A., & Robson, K. (2020). *Chapter 3: Care during pregnancy*, Government of Canada. <https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-3.html>
- Wolf, J. R., & Hong, A. M. (2026). *Radiation Dermatitis*. https://www.uptodate.com/contents/radiation-dermatitis?search=radiation%20side%20effects%20skin%20&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

APPENDIX A: Canadian Nurse Practitioner Licensure Examination Practice Statements

Preamble

Nurse Practitioners (NPs) are Registered Nurses (RNs) with additional experience and nursing education at the Masters level, which enables them to autonomously diagnose and manage care across the life span in all practice settings. As advanced practice nurses, they use their in-depth knowledge and experience to analyze, synthesize, and apply evidence to make decisions. They apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of essential services grounded in professional, ethical, and legal standards within a holistic model of care. Nurse Practitioners work across all domains of practice. They provide leadership and collaborate within and across communities, organizations, and populations to improve health and system outcomes. In some settings, Nurse Practitioners assume the role as the most responsible provider.

DOMAIN AREA I. CLINICIAN

Entry-level nurse practitioners (NPs) deliver safe, competent, compassionate, and ethical care with diverse populations and in a range of practice settings. NPs ground their care in evidence-informed practice and use critical inquiry in their advanced diagnostic and clinical reasoning.

A. Assessment

1. Establish the reason for the client encounter	
a. Ask pertinent questions to establish the presenting issues	I.A.1.a
b. Evaluate information relevant to the client’s presenting concerns	I.A.1.b
c. Prioritize routine, urgent, emergent and life-threatening situations	I.A.1.c
d. Perform initial assessment of the client’s condition	I.A.1.d

2. Obtain informed consent according to legislation and regulatory requirements	
a. Support client to make informed decisions, discussing risks, benefits, alternatives and consequences	I.A.2.a
b. Obtain informed consent for the collection, use and disclosure of personal and health information	I.A.2.b

3. Use critical inquiry to analyze and synthesize information to identify client needs, and to inform assessment and diagnosis

a. Integrate information specific to the client’s biopsychosocial, behavioural, cultural, ethnic, spiritual, circumstances, current developmental life stage, gender expression and social determinants of health considering epidemiology and population-level characteristics	I.A.3.a
b. Integrate findings from past and current health history and investigations	I.A.3.b
c. Apply current, credible, and reliable research, literature and standards to inform decision-making	I.A.3.c
d. Incorporate pharmacological history	I.A.3.d
e. Integrate client’s wishes and directions related to advanced care planning, and palliative and end-of-life care	I.A.3.e

4. Conduct an assessment that is relevant to the client’s presentation to inform diagnostic decisions

a. Determine the need for conducting a focused or comprehensive assessment	I.A.4.a
b. Conduct an assessment using valid and reliable techniques and tools	I.A.4.b
c. Conduct an assessment with sensitivity to client’s culture, lived experiences, gender identity, sexuality and personal expression	I.A.4.c
d. Conduct a mental health assessment, applying knowledge of emotional, psychological and social measures of well-being	I.A.4.d
e. Conduct a review of systems to identify pertinent presenting findings	I.A.4.e
f. Order and perform screening and diagnostic investigations, applying principles of resource stewardship	I.A.4.f

B. Diagnosis

1. Integrate critical inquiry and diagnostic reasoning to formulate differential and most likely diagnoses

a. Interpret the results of investigations	I.B.1.a
b. Formulate differential diagnoses	I.B.1.b
c. Ascertain the client’s understanding of assessment findings, diagnosis, anticipated outcomes and prognosis	I.B.1.c
d. Determine the most likely diagnoses based on clinical and diagnostic reasoning	I.B.1.d

C. Management

1. Use clinical reasoning to create a care plan based on diagnoses and the client's informed consent, preferences and goals	
a. Examine, and explore with the client, options for managing the diagnoses	I.C.1.a
b. Consider availability, cost, determinants of health, clinical efficacy, and potential client adherence to determine feasibility and sustainability of the care plan	I.C.1.b
c. Address barriers that interfere with client's goals	I.C.1.c
d. Determine and prioritize interventions integrating client goals and preferences, resources, and clinical urgency	I.C.1.d
e. Provide and seek consultation from other professionals and organizations to support the care plan	I.C.1.e
2. Prescribe and counsel clients on pharmacological and non-pharmacological interventions, across the life span	
a. Complete accurate prescriptions in accordance with applicable jurisdictional and organizational requirements	I.C.2.a
b. Select evidence-informed pharmacological interventions based on diagnoses, concurrent client therapies, and available medication history, using drug-information systems	I.C.2.b
c. Complete medication reconciliation to make clinical decisions based on an analysis of the client's current pharmacological and non-pharmacological therapy	I.C.2.c
d. Analyze polypharmacy to identify unnecessary and unsafe prescribing, and deprescribing where possible	I.C.2.d
e. Incorporate principles of pharmacological stewardship	I.C.2.e
f. Establish a monitoring plan for pharmacological and non-pharmacological interventions	I.C.2.f
g. Counsel client on indications, benefits, cost, potential adverse effects, interactions, contraindications, precautions, adherence, required monitoring and follow-up	I.C.2.g
3. Perform invasive and non-invasive interventions as indicated by the care plan	
a. Explain procedures, including indications, potential risks and benefits, adverse effects, anticipated aftercare and followup care	I.C.3.a
b. Perform procedures using evidence-informed techniques	I.C.3.b
c. Monitor and evaluate clinical findings, aftercare and follow up	I.C.3.c
d. Perform interventions to stabilize the client in urgent, emergent, and life-threatening situations	I.C.3.d

D. Counselling

1. Create a therapeutic relationship that is conducive to optimal health outcomes	
a. Utilize developmentally, socio-demographically, and culturally relevant strategies, communication and counselling techniques and tools	I.D.1.a
b. Evaluate effectiveness of therapeutic relationship and refer to appropriate professionals, as needed	I.D.1.b
2. Provide therapeutic interventions as indicated by the care plan	
a. Address impacts of potential and real biases on the creation of safe spaces	I.D.2.a
b. Integrate therapeutic counselling techniques to facilitate an optimal experience and outcome for the client	I.D.2.b
c. Recognize and respond to the expression of intense emotions in a manner that facilitates a safe and effective resolution	I.D.2.c
d. Provide trauma and violence informed care	I.D.2.d
e. Identify the presence of trauma, including intergenerational trauma, with the client	I.D.2.e
3. Apply harm-reduction strategies and evidence-informed practice to support clients with substance use disorder, while adhering to federal and provincial/territorial legislation and regulation	
a. Identify potential risks and signs of substance use disorders	I.D.3.a
b. Develop a harm-reduction care plan, considering treatment and intervention options	I.D.3.b
c. Apply evidence-informed and safe prescribing practices when initiating and managing pharmacological and non-pharmacological interventions	I.D.3.c
d. Adhere to legislation, regulation, and organizational policy related to the safe storage and handling of controlled drugs and substances	I.D.3.d
e. Provide education on the safe storage and handling of controlled drugs and substances	I.D.3.e

E. Transition of Care, Discharge Planning, and Documentation

1. Lead admission, transition of care, and discharge planning that ensures continuity and safety of client care	
a. Collaborate with client to facilitate access to required resources, drug therapy, diagnostic tests, procedures, and follow up to support the continuum of care	I.E.1.a
b. Facilitate transfer of information to support continuity of care	I.E.1.b
c. Facilitate client's access to community services and other system resources	I.E.1.c
d. Modify the care plan based on the client's transition needs	I.E.1.d
2. Conduct record keeping activities, according to legislation and jurisdictional regulatory requirements	
a. Document all client encounters and rationale for actions	I.E.2.a
b. Collect, disclose, use, and destroy health information according to privacy and confidentiality legislation, regulations and provincial/territorial regulatory standards	I.E.2.b
c. Apply relevant security measures to records and documentation	I.E.2.c
d. Recognize role as a health information custodian to ensure client information is secure and remains confidential	I.E.2.d
3. Provide safe, ethical, and competent services as a self-employed practitioner	
a. Employ accurate, honest, and ethical billing and advertising practices	I.E.3.a
4. Employ evidence-informed virtual care strategies	
a. Articulate the risks and benefits of virtual care to confirm the client's informed consent to participate in a virtual care visit	I.E.4.a
b. Maintain client's privacy during virtual encounters, and when transferring data and providing medical documents electronically	I.E.4.b
c. Determine when the client's health concern can be managed virtually without delaying or fragmenting care	I.E.4.c
d. Demonstrate an understanding of the limitations of virtual care when determining the need for in-person assessment and management	I.E.4.d
e. Adapt history-taking and assessment techniques to effectively complete the virtual client assessment	I.E.4.e
f. Use effective communication approaches in the virtual care environment	I.E.4.f
g. Integrate health-care technologies and communication platforms to deliver virtual care	I.E.4.g
h. Adhere to requirements for communication and documentation for virtual client encounters	I.E.4.h

DOMAIN AREA II. QUALITY IMPROVEMENT AND RESEARCH/SCHOLAR

Entry-level nurse practitioners (NPs) use evidence, participate in research and Continuous Quality Improvement, and support knowledge translation.

1. Identifies gaps, appraises and applies evidence-informed resources, understands research methodologies	II.1
2. Discusses the practical benefits and possible applications of research with teams and partners	II.2
3. Recommends where research findings can be integrated into practice	II.3
4. Applies ethical principles and analyzes the context when implementing evidence-informed practice	II.4
5. Disseminates knowledge and evidence-informed findings with clients, teams and partners	II.5
6. Uses data and available forms of technology to identify risks and create opportunities to mitigate harm	II.6

DOMAIN AREA III. LEADER

Entry-level nurse practitioners (NPs) demonstrate collaborative leadership within the health-care system. NPs strive for a culture of excellence and facilitate the development of effective teams and communication within complex health systems.

1. Engages in leadership to contribute to a culture of continuous improvement, safety and excellence	III.1
2. Builds partnerships to optimize health-care delivery	III.2
3. Uses principles of team dynamics, conflict resolution and change management to support effective collaboration and communication	III.3
4. Demonstrates awareness of tools and resources, and contributes to strategies for responding to disasters and unpredictable situations	III.4

DOMAIN AREA IV. EDUCATOR

Entry-level nurse practitioners (NPs) develop and provide education to a wide range of clients to enhance health-care knowledge and influence positive outcomes.

Client, Community and Health-Care Team Education	
1. Develops and provides educational resources	IV.1
2. Evaluates learning and delivery methods to improve outcomes	IV.2
3. Develops and uses evidence-informed strategies and technologies to enhance learning	IV.3

DOMAIN AREA V. ADVOCATE

Entry-level nurse practitioners (NPs) understand the issues related to health inequity, diversity and inclusion in order to advocate for change to improve health. This includes client's culture, lived experience, gender identity, sexuality, and personal expression.

1. Demonstrates self-awareness and cultural humility to mitigate risk based on personal bias	V.1
2. Contributes to a practice environment that is diverse, equitable, inclusive and culturally safe	V.2
3. Promotes equitable care and service delivery	V.3
4. Advocates for client access to resources and system changes	V.4
5. Navigates various systems affecting client care acknowledging the interdependence of policy, practice and systemic issues	V.5
6. Identifies and manages potential and real conflicts of interests, always acting in the client's best interest	V.6