CCDM Most Reliable Questions & CCDM Updated Demo

CDM Test 2023-2024 Questions and Answers 100% Correct

A Certified Dietary Manager is dissatisfied with prices from current vendors. The Manager should first:
a. ask vendors to lower their prices.
b. ask the consultant to recommend other vendors.
c. complete a comparison study of vendors.
d. discontinue purchasing from the current vendors. - ANSWER-c. complete a comparison study of vendors.

The best way to prepare frozen peas is to: a. slowly cook the peas at 200°F (93.3°C) so they do not dry out.
b. cook them rapidly until they reach an internal temperature of 140°F (60.0°C).
c. cook them to 120°F (48.9°C) and hold them in the steam table to come up to temperature.
d. cook them in batches throughout the service time. - ANSWER-d. cook them in batches throughout the service time.

Beans and legumes are essential protein substitutes for clients who are:
Choose one answer.
a. lactose intolerant.
b. vegan.
c. ovo-lacto-vegetarian.
d. lacto vegetarian. - ANSWER-b. vegan.

When preparing goals for the foodservice department, a Certified Dietary Manager must show that the goals are:
Choose one answer.
a. narrow.
b. broad.
c. listed on the bulletin board.
d. transferrable to other departments. - ANSWER-b. broad.

When purchasing food, a Certified Dietary Manager must develop specifications to ensure that:
Choose one answer.
a. government commodities are used when available.
b. eggs are delivered in a timely manner.
c. milk arrives at a temperature below 41°F (5°C).
d. canned fruits are packed in water or juice. - ANSWER-c. milk arrives at a temperature below 41°F (5°C).

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As we all know, HR form many companies hold the view that candidates who own a CCDM professional certification are preferred, because they are more likely to solve potential problems during work. And the CCDM certification vividly demonstrates the fact that they are better learners. As for candidates who possessed with a CCDM professional certification are more competitive. The current word is a stage of science and technology, social media and social networking has already become a popular means of CCDM Exam Materials. As a result, more and more people study or prepare for exam through social networking. By this way, our CCDM learning guide can be your best learn partner.

SCDM CCDM Exam Syllabus Topics:

Topic	Details
Topic 1	• Testing Tasks: This section measures the skills of Data Managers and involves creating test plans, generating test data, executing validation and user acceptance testing, and documenting results to ensure systems and processes perform reliably and according to specifications.

Topic 2	• Review Tasks: This section measures the skills of Data Managers and involves reviewing protocols, CRFs, data tables, listings, figures, and clinical study reports (CSRs) for consistency, accuracy, and alignment with data handling definitions and regulatory requirements.
Topic 3	• Design Tasks: This section of the CCDM exam measures skills of Data Managers and covers how to design and document data collection instruments, develop workflows and data flows, specify data elements, CRF forms, edit checks, reports, database structure, and define standards and procedures for traceability and auditability.
Topic 4	• Data Processing Tasks: This section measures skills of Clinical Systems Analysts and focuses on handling, transforming, integrating, reconciling, coding, querying, updating, and archiving study data while maintaining quality, consistency, and proper privileges over the data lifecycle.
Topic 5	• Coordination and Project Management Tasks: This domain evaluates the skills of a Clinical Systems Analyst in coordinating data management workload, vendor selection, scheduling, cross-team communication, project timeline management, risk handling, metric tracking, and preparing for audits.

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SCDM Certified Clinical Data Manager Sample Questions (Q133-Q138):

NEW QUESTION # 133
During testing of an ePRO system, a test fails. Which information should be found in the validation documentation?

- A. Root cause analysis of the system errors
- B. Training requirements
- C. Expected and actual results
- D. Reconciliation datapoints

Answer: C

Explanation:
When a system validation test fails during Electronic Patient-Reported Outcome (ePRO) system testing, the validation documentation must record the expected results (what should have occurred) and the actual results (what occurred).
According to the GCDMP (Chapter: Database Validation and Testing), proper system validation documentation ensures traceability, reproducibility, and compliance with FDA 21 CFR Part 11 and ICH E6 (R2). Each test case must include:
Test objective,
Preconditions,
Test steps,
Expected results,
Actual results, and
Pass/fail status.
If a test fails, this documentation provides the objective evidence necessary for deviation handling, issue resolution, and re-testing.
While a separate root cause analysis may be performed later (option D), the validation record itself must focus on verifying outcomes against predefined expectations.
Therefore, the correct answer is B - Expected and actual results.
Reference (CCDM-Verified Sources):
SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Database Validation and Testing, Section 4.4 - Documentation of Test Results FDA 21 CFR Part 11 - Validation Requirements (Section 11.10(a)) ICH E6 (R2) GCP, Section 5.5.3 - Computer System Validation and Documentation

NEW QUESTION # 134
According to ICH E6, developing a Monitoring Plan is the responsibility of whom?

- A. Sponsor
- B. CRO
- C. Monitor
- D. Data Manager

Answer: A

Explanation:
According to ICH E6(R2) Good Clinical Practice (GCP), Section 5.18.1, the Sponsor is ultimately responsible for developing and implementing the Monitoring Plan.
The Monitoring Plan defines:
The extent and nature of monitoring (e.g., on-site, remote, risk-based).
The responsibilities of monitors.
The communication and escalation procedures for data quality and protocol compliance.
While the CRO (B) or Monitor (D) may perform monitoring activities under delegation, the Sponsor retains legal accountability for ensuring a compliant and effective plan is developed and maintained. The Data Manager (C) may contribute by outlining data review workflows, but is not responsible for authoring or owning the plan.
Therefore, option A (Sponsor) is the correct answer.
Reference (CCDM-Verified Sources):
ICH E6(R2) GCP, Section 5.18.1 - Purpose and Responsibilities for Monitoring SCDM GCDMP, Chapter: Regulatory Compliance and Oversight, Section 5.3 - Sponsor Responsibilities in Monitoring and Quality Assurance FDA Guidance for Industry: Oversight of Clinical Investigations - Sponsor Responsibilities (2013)

NEW QUESTION # 135
In the transfer of obligations for a double-blind, multi-center trial, a sponsor has maintained the task of creating the randomization schedule. Who at the sponsor company should create the randomization schedule?

- A. A sponsor's biostatistician not on the project
- B. The CRO biostatistician
- C. The sponsor's project statistical programmer
- D. The sponsor's project biostatistician

Answer: A

Explanation:
In a double-blind clinical trial, the randomization schedule must be generated by an independent biostatistician not directly involved in study operations or data management to preserve study blinding and integrity.
According to ICH E9 and the GCDMP (Chapter: Regulatory Requirements and Compliance), randomization generation and blinding must be handled in a way that prevents bias or unintentional unblinding of study personnel. The sponsor's biostatistician not assigned to the project (Option C) is the appropriate person because they have the necessary statistical expertise but remain operationally independent from study execution.
A project biostatistician (Option D) or programmer (Option A) directly involved in data analysis could inadvertently compromise blinding. The CRO biostatistician (Option B) should not perform this function if the sponsor retains randomization responsibility.
Reference (CCDM-Verified Sources):
SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Regulatory Requirements and Compliance, Section 6.4 - Randomization and Blinding ICH E9 - Statistical Principles for Clinical Trials, Section 5.4 - Randomization Procedures and Blinding FDA Guidance for Industry: Adaptive Design Clinical Trials for Drugs and Biologics, Section 4.3 - Maintaining Blinding Integrity

NEW QUESTION # 136
Which data are needed to monitor site variability in eligibility screening?

- A. Number of subjects screened and number of subjects enrolled
- B. Number of sites with high enrollment
- C. Number of subjects enrolled
- D. Number of sites with low enrollment

Answer: A

Explanation:
To monitor site variability in eligibility screening, you must analyze the number of subjects screened versus the number of subjects enrolled at each site. This allows identification of sites that are over- or under-screening relative to their enrollment yield.
The GCDMP (Chapter: Data Quality Assurance and Metrics) emphasizes that screening-to-enrollment ratios are critical indicators of protocol compliance and data quality. Sites with unusually low conversion rates may have unclear understanding of inclusion/exclusion criteria, requiring targeted training or monitoring.
Other options (A, C, D) provide enrollment metrics but do not reveal screening efficiency or variability, which depend on both screening and enrollment data.
Thus, option B correctly identifies the data necessary for monitoring eligibility screening performance across sites.
Reference (CCDM-Verified Sources):
SCDM GCDMP, Chapter: Data Quality Assurance and Metrics, Section 5.4 - Site Performance Metrics ICH E6(R2) GCP, Section 5.18 - Monitoring and Site Oversight Requirements

NEW QUESTION # 137
Which of the following processes is the most likely to remain in a study that utilizes electronic data capture?

- A. Retrieving case report forms
- B. Updating the in-house database
- C. Tracking case report forms
- D. Resolving queries

Answer: D

Explanation:
In studies utilizing Electronic Data Capture (EDC) systems, many traditional paper-based processes such as tracking and retrieving CRFs are eliminated or automated. However, query management and resolution remain essential because discrepancies, missing data, and protocol deviations still require clarification and correction, regardless of the data collection medium.
According to the GCDMP (Chapter: Data Validation and Cleaning), data queries are generated automatically or manually when inconsistencies are detected by edit checks. Sites must still respond to these queries electronically to ensure the integrity and completeness of data.
A and D are obsolete with EDC (no physical CRFs).
B refers to manual data entry updates, which are replaced by direct EDC entry.
C (Resolving queries) continues as a key part of the data management workflow, even in fully electronic environments.
Thus, option C is correct.
Reference (CCDM-Verified Sources):
SCDM GCDMP, Chapter: Data Validation and Cleaning, Section 5.4 - Query Generation and Resolution in EDC Systems ICH E6(R2) GCP, Section 5.5.3 - Data Review and Query Resolution Requirements FDA 21 CFR Part 11 - Electronic Records: Audit Trails and Query Documentation C

NEW QUESTION # 138
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