

**E
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**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**



EYEXchange **Costa Mesa**

MARCH 8–9, 2024

**The Westin South Coast Plaza
686 Anton Blvd, Costa Mesa, CA 92626**

REGISTRATION CLOSES FEBRUARY 28, 2024

Continuing Education for Allied Ophthalmic Personnel



EYEXchange Costa Mesa | March 8–9, 2024

The Westin South Coast Plaza | Costa Mesa, CA

Aida Haile, COT, ROUB

Program Chair



Certification and Education for Eye Care Excellence

Friday, March 8, 2024

3 IJAHP CE Credits

12:00–12:30 p.m.

REGISTRATION AND CLASSROOM: **MONARCH ROOM**

12:30–4:00 p.m.

COT CERTIFICATION EXAM PREP COURSE (3 IJAHP CE Credits)

Craig Simms, BSc, COMT, ROUB, CDOS

Prerequisite: COA certification or proof of enrollment in an accredited COT program. Verification from the program director will be required.

An interactive course designed to prepare the attendee for the IJAHP COT written certification exam. This prep course will cover all areas included in the IJAHP core certification content. An introduction to the simulation component will be provided.

Disclaimer: IJAHP does not require nor guarantee a passing score on the COA, COT, or COMT examinations with the purchase of and participation in the IJAHP COA, COT, or COMT certification examination preparation courses. Course material is based on the instructor's interpretation of the content areas outlined in the IJAHP Criteria for Certification and Recertification Handbook. The instructors of this review course have no direct knowledge of the specific certification exam questions.

Saturday, March 9, 2024

7 IJAHP CE Credits

7:30–8:00 a.m.

REGISTRATION AND BREAKFAST: **LIDO ROOM**

8:00–9:00 a.m.

EVERYTHING A CATARACT-REFRACTIVE TECHNICIAN NEEDS TO KNOW ABOUT RETINA

(1 IJAHP CE Credit, CEP: CA BRN-1) *Michael Stewart, MD*

This course will cover the aspects of retinal diseases that are important for a technician in a cataract/refractive practice. Topics such as macular puckers/holes, cystoid macular degeneration, age-related macular degeneration, retinal detachments, and endophthalmitis will be discussed.

9:00–10:00 a.m.

RETINA IMAGING FOR THE ANTERIOR SEGMENT PRACTICE

(1 IJAHP CE Credit, CEP: CA BRN-1) *Michael Stewart, MD*

This course will discuss retinal imaging modalities that are important for the anterior segment practice. Fundus photography, optical coherence tomography, fundus autofluorescence, and ultrawide-field imaging provide valuable information for the anterior segment practice. Numerous examples of diseases with images will be given.

10:00–10:15 a.m.

BREAK

10:15–11:15 a.m.

FLUORESCEIN ANGIOGRAPHY

(1 IJAHP CE Credit, CEP: CA BRN-1) *Craig Simms, BSc, COMT, ROUB, CDOS*

This course will discuss the basics of fluorescein angiography starting with luminescence and fluorescence and how it can be used in the eye. The process of the fluorescein angiogram will be covered including the dosage, injection, and possible adverse reactions from the injection. The fluorescein angiogram sequencing and steps for completing the photography side of the procedure. The course will finish with the phases of the angiogram and descriptive terminology used to describe fluorescein angiography photographs.

11:15 a.m.–12:15 p.m.

MINIMIZING ERRORS IN VISUAL FIELD TESTING TO PROVIDE MAXIMUM CLINICALLY USEFUL RESULTS

(1 IJAHP CE Credit, CEP: CA BRN-1) *Neil Choplin, MD*

This course will discuss strategies to reduce common errors in automated visual field testing. Examples of common errors will be shown along with a discussion of methods for preventing them. Measures of unreliability will also be discussed with how to recognize they are occurring and how to minimize them.

12:15–1:00 p.m.

LUNCH: **WATERFALL TERRACE**

1:00–2:00 p.m.

COLOR VISION TESTING

(1 IJAHP CE Credit, CEP: CA BRN-1) *Craig Simms, BSc, COMT, CDOS, ROUB*

This course will cover color vision and color vision defects along with the different ways to test color vision. A review of pseudoisochromatic plates, the D-15 and the 100 Hue will be covered. A case study of a family with color vision defects will be presented. The different testing methods will be shown in an attempt to determine the type of color vision defect present.

2:00–3:00 p.m.

BIOMETRY AND IOL CALCULATIONS

(1 IJAHP CE Credit, CEP: CA BRN-1) *Jacqueline Whinery, CCRC, COA*

With today's technology making biometry as easy as pushing a button, it's important to understand the power we as technicians have at our fingertips. This course will discuss the principles of biometry, IOL formulas, and effective lens position, as well as the benefits of achieving repeatability in biometry and some helpful troubleshooting techniques.

3:00–4:00 p.m.

BIOMETRY

(1 IJAHP CE Credit, CEP: CA BRN-1) *Aida Haile, COT, ROUB*

This course will review instrument settings for biometry and how to troubleshoot biometry and keratometry. The IOL Master and immersion and contact A-scan will also be discussed.

4:00 p.m.

ADJOURN

ALL TIMES ARE PACIFIC TIME.

Registration Form

Registration form may be duplicated. Please use one form per registrant.

EYEXchange Costa Mesa
March 8–9, 2024
7 IJCAHPO CE Credits

Registration and Cancellation Deadline: February 28, 2024, 12:00 p.m. Central Time

HANDOUTS

A link to course handouts will be emailed to registrants the Monday prior to the meeting date, as they are not provided on-site. Handouts are available for two weeks.

CANCELLATIONS/REFUNDS

All cancellations and requests for refunds must be received by IJCAHPO in writing. A processing fee of \$75 is deducted from each cancelled registration to cover a portion of the costs IJCAHPO incurs.

RESERVATIONS

<https://www.marriott.com/hotels/travel/snawi-the-westin-south-coast-plaza-costa-mesa/> or by calling 714-540-2500

PARKING

Discounted event parking is available for \$15.00 per car for Self-Parking, and \$25 for Valet Parking.

SPECIAL ACCOMMODATIONS

IJCAHPO provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for special accommodations. Specific special accommodations should be related to functional limitations. Please include additional supporting documentation from the medical professional who diagnosed the condition. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for the requested accommodation. We cannot ensure the availability of appropriate accommodations without prior indication of need.

DIETARY RESTRICTIONS

If you have any dietary restrictions, please let us know so that we may seek an accommodation in our menu.

REGISTER ONLINE at <http://store.jcahpo.org/calendarschedule.aspx> (preferred)
MAIL form and payment to IJCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125
FAX completed form to 651-731-0410 (credit card orders only)

I wish to register for:

All check payments must be in U.S. funds and drawn on a U.S. bank.

IJCAHPO CERTIFIED (INDIVIDUAL) \$215

OTHER REGISTRANTS (INDIVIDUAL)..... \$235

COT EXAM PREP COURSE\$75

Please add a contribution to the
IJCAHPO Education and Research Foundation..... \$ _____

TOTAL \$ _____

CONTINUING EDUCATION CREDITS

This program has been accredited for 7 IJCAHPO CE Credits. IJCAHPO Continuing education credits earned will be posted on your account at www.jcahpo.org approximately 4–6 weeks after the program for participants who complete evaluation forms.

NOTE: Attendance is monitored for each hour of instruction. Participants absent for more than 15 minutes of any given hour will not receive credit for that hour.

Along with CE credits awarded by IJCAHPO, each course lists contact hours awarded by the California Board of Registered Nursing (CA BRN), if applicable. Provider approved by the California Board of Registered Nursing, Provider Number 13516, for 7 contact hours.

For additional information regarding registration, contact IJCAHPO at 800-284-3937, e-mail registrations@jcahpo.org, or visit www.jcahpo.org.

Please **PRINT** clearly using blue or black ink.

Name _____ Professional Credentials _____

IJCAHPO ID# _____ Date of Birth (mm/dd/yy) _____

Home Address

City _____ State (Province) _____ Zip (Postal Code) _____ Country _____

Home Telephone _____ E-mail (required for handouts/evaluations) _____

Practice/Business

Address _____

City _____ State (Province) _____ Zip (Postal Code) _____ Country _____

Work Telephone _____ Fax _____

What race or ethnicity do you identify most with?

American Indian or Alaska Native

Hispanic or Latino

Multiracial or Multiethnic

Asian or Asian American

Native Hawaiian or Other Pacific Islander

Other _____

Black or African American

White or Caucasian

Prefer Not to Answer

PAYMENT INFORMATION

Check enclosed (payable to **IJCAHPO**; U.S. Funds) VISA MasterCard Discover American Express

The following information is required to process credit card orders:

A \$50 fee will be assessed for declined checks and declined credit cards.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Telephone Number _____

Credit Card Number _____ - _____ - _____

Cardholder's Address _____

Name as it appears on credit card (please print) _____

Security Code
(3 or 4 digits on front or back of credit card)

Expiration Date _____/_____/_____

Cardholder's Zip Code _____

Cardholder's Signature _____