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IJCAHPO

Certification and Education
for Eye Care Excellence

Continuing Education for Allied Ophthalmic Personnel

VIRTUAL

Fall AOP Symposium

NOVEMBER 6-16, 2026

REGISTRATION CLOSES NOVEMBER 5, 2026

VIRTUAL

Fall AOP Symposium

IJCAHPO

Certification and Education for Eye Care Excellence

Courses are available from Friday, November 6, 2026, at 8:00 a.m. CT through Monday, November 16, 2026 at 11:59 p.m. CT.

Complete courses at your own pace, quiz free, and earn up to 7 IJCAHPO CE credits.

"WHAT TIME IS IT?" A BASIC ULTRASOUND SCREENING COURSE

Shannon Howard, COA, CDOS, ROUB

0.75 IJCAHPO CE Credit | 0.75 CA BRN

An introductory course to assist those who are not proficient in ophthalmic ultrasound with some screening techniques and knowledge of common pathologies.

MEDICATIONS AND THEIR ILL EFFECTS ON THE EYE

Sandra Fernando Sieminski, MD & Nora S. Lincoff, MD

1 IJCAHPO CE Credit | 1 CA BRN

This course is a discussion of the toxicity of certain medications commonly used in medicine that can cause visual loss. Participants will learn to recognize the names of different medications that can lead to visual loss and understand the types of visual loss associated with certain medications.

IS DRY EYE CAUSED BY LACK OF TEARS?

Stephen Pflugfelder, MD

1 IJCAHPO CE Credit | 1 CA BRN

Dry eye is a heterogeneous condition that is challenging to classify and effectively treat. A common feature is tear instability that is variably accompanied by irritation symptoms, ocular surface epithelial disease and inflammation. This course will review a practical tear volume-based classification of tear disorders causing tear instability, characteristic features of aqueous sufficient and deficient conditions and treatment guidelines for the two groups.

THE OPHTHALMIC TECHNICIAN'S ROLE IN OCULAR EMERGENCIES

Craig Simms, MEd, COMT, ROUB, CDOS, CRT

1 IJCAHPO CE Credit | 1 CA BRN

As technicians, we play a critical role in recognizing emergencies, initiating appropriate actions, and ensuring patients receive timely care. Many times, we are the first person with whom the patient interacts—what we do in those first few minutes can help save vision. This course will discuss ocular emergencies, highlight the technician's role, and illustrate key triage questions through cases.

POSTERIOR SEGMENT COMPLICATIONS OF ANTERIOR SEGMENT SURGERY

Michael Stewart, MD

1 IJCAHPO CE Credit | 1 CA BRN

This course will review common and rare posterior segment complications associated with anterior segment surgery. The complications include endophthalmitis, subluxed lenses, suprachoroidal and expulsive hemorrhage, hypotony, wound leak, retinal tear and detachment, and anesthetic complications. Examples of all conditions will be shown and discussed.

NEUROIMAGING IN NEURO-OPHTHALMOLOGY

Prem Subramanian, MD, PhD

1 IJCAHPO CE Credit | 1 CA BRN

Using cases of typical neuro-ophthalmic diseases (IIH, optic neuritis, NAION, tumor), this course will show how office and radiologic imaging should be used to make a diagnosis and to predict visual outcomes.

BEYOND THE ROUTINE VISIT: HOW THE OPHTHALMIC TEAM IMPROVES THE WHOLE PATIENT'S EXPERIENCE

Nataliya Danylkova, MD

0.75 IJCAHPO CE Credit | 0.75 CA BRN

This course explores how ophthalmic assistants and technicians enhance the patient experience through effective communication, patient advocacy, teamwork, leadership, and thoughtful use of AI. It highlights practical strategies to improve trust, efficiency, and quality of care beyond the routine visit.

OCULAR MANIFESTATION OF MPOX (FORMERLY MONKEYPOX) VIRUS

Gerami Seitzman, MD

0.5 IJCAHPO CE Credit | 0.5 CA BRN

This course provides an overview of the ocular manifestations associated with the MPox (formerly known as monkeypox) virus. Participants will review both common and atypical presentations of ocular MPox. The course will cover diagnostic approaches, therapeutic options, and recommended PPE protocols for caring for patients with ocular MPox.

Registration Form

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

Virtual Fall AOP Symposium
November 6-16, 2026
7 IJCAHPO CE Credits

REGISTRATION AND CANCELLATION DEADLINE: NOVEMBER 5, 12:00 P.M. CENTRAL TIME

GENERAL INFORMATION

Handouts
Any course handouts that have been provided will be accessible from the course platform.

Cancellations/Refunds
All cancellations and requests for refunds must be received by IJCAHPO in writing. A processing fee of $50 is deducted from each cancelled registration to cover a portion of the costs IJCAHPO incurs.

Continuing Education Credits
This program has been accredited for 7 IJCAHPO CE Credits. Along with CE credits awarded by JCAHPO, 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 contact hours. Continuing education credits earned will be posted on your account at www.jcahpo.org approximately 4–6 weeks after the program for participants

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.

I wish to register for:

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

❑ **IJCAHPO CERTIFIED (INDIVIDUAL) . . . . . $95 USD**

❑ **OTHER REGISTRANTS (INDIVIDUAL). . . . $125 USD**

Complete courses at your own pace from Friday, November 6, at 8:00 a.m. CT through Monday, November 16, at 11:59 p.m. CT.

❑ Please add a contribution to the JCAHPO Education and Research Foundation . . . . . $_____

TOTAL $_____

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

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 651-683-5005 (credit card orders only)

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

Name _____ Professional Credentials _____

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

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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
❑ Asian or Asian American
❑ Black or African American
❑ Hispanic or Latino
❑ Native Hawaiian or Other Pacific Islander
❑ White or Caucasian
❑ Multiracial or Multi-ethnic
❑ Other _____
❑ 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:

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Credit Card Number

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Security Code (3 or 4 digits on front or back of credit card) Expiration Date Cardholder's Zip Code

Cardholder's Address _____

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

Cardholder's Signature _____