EYEXchange

Florida

IJCAHPO Certification and Education for Eye Care Excellence



Continuing Education for Allied Ophthalmic Personnel



June 6-7, 2025

Waldorf Astoria Orlando

14200 Bonnet Creek Resort Ln Orlando, FL 32821

Held in conjunction with the

Florida Society of Ophthalmology (FSO)



Friday, June 6, 2025

Waldorf Astoria Orlando | Grand Ballroom II Sarah Saile, COT Program Chair



7:30-8:00 a.m.

EXAM PREP REGISTRATION

8:00 a.m.-12:00 p.m.

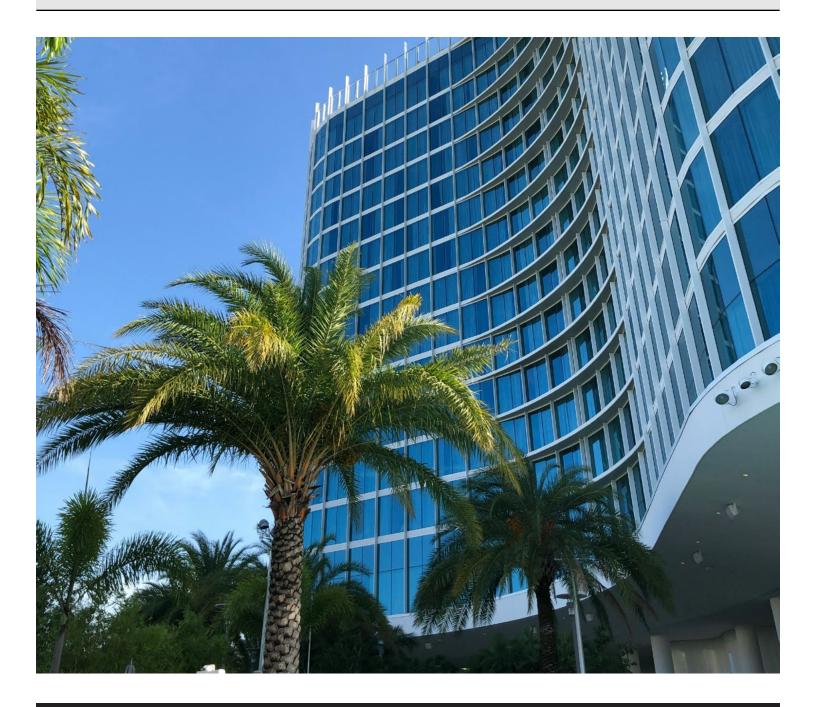
COA CERTIFICATION EXAM PREP COURSE

Sarah Saile, COT

This course is designed to prepare the attendee for the IJCAHPO COA multiple-choice certification exam. This prep course will provide a general review of all content areas covered in the COA certification examination.

Prerequisite: Participants should have a basic knowledge of eye anatomy, physiology and comprehension of the COA examination content areas. A minimum of six months work experience in ophthalmology is helpful.

Disclaimer: Course material is based on the instructor's interpretation of the content areas outlined in the IJCAHPO Criteria for Certification. The instructors of this review course have no direct knowledge of the specific certification exam questions.



Saturday, June 7, 2025

Waldorf Astoria Orlando | Central Park A-D

Sarah Saile, COT Program Chair



7:30 – 8:00 a.m. **REGISTRATION**

8:00–9:00 a.m. MACULAR DEGENERATION (1 IJCAHPO CE Credit)

Shivani Kochhar, MD

TBA.

9:00-10:00 a.m. INTUMESCENT AND MATURE CATARACTS (1 IJCAHPO CE Credit)

Cristos Ifantides, MD

This course will teach critical preoperative skills for checking vision in non-traditional cataract evaluations. It will discuss potentially necessary preoperative studies, pertinent history to ask, surgical management and

postoperative care.

10:00–10:15 a.m. **BREAK**

10:15-11:15 a.m. MANAGING PATIENTS AFTER EYE TRAUMA (1 IJCAHPO CE Credit)

Basil K. Williams Jr., MD

This course will go over the types of injuries that can develop in the eye due to trauma and highlight the approaches to examining these patients from the technician, nursing, and physician perspectives. It will also go over the methods of repair for these cases, long-term outcomes, and considerations for prevention in the future.

11:15 a.m.-12:15 p.m. ANTERIOR SEGMENT IMAGING IN GLAUCOMA (1 IJCAHPO CE Credit)

Yazan Abubaker, MD

This course provides an overview of the latest imaging techniques for evaluating the anterior segment of the eye. Participants will learn about the principles, applications, and interpretation of various imaging modalities, including AS-OCT, ultrasound biomicroscopy, and Scheimpflug imaging. The course will cover the normal anatomy and common abnormalities of the anterior segment, with a focus on pathophysiologic changes in glaucoma.

12:15–1:00 p.m. **LUNCH** (*Provided in Central Park A–D*)

1:00–2:00 p.m. **EYELID MALPOSITIONS** (1 IJCAHPO CE Credit)

Charles Slonim, MD

TBA.

2:00–3:00 p.m. **TBA** (1 IJCAHPO CE Credit)

Darby Miller, MD, MPH

TBA.

3:00-4:00 p.m. LOOK HERE! THE SENSORIMOTOR EXAM IN KIDS (1 IJCAHPO CE Credit)

Tatiana Zanganeh, MD

Unique challenges, such as age, cooperation, and temperament, can limit one's ability to capture all components of the pediatric sensorimotor exam. Yet these are vital components to a child's visual development. In this course, we will review how to be efficient when testing visual acuity and motility in pre- and non-verbal kids, as well as how

to interpret and document these findings in the medical record.

4:00 p.m. ADJOURN

All times are Eastern Time.

Registration Form

Registration form may be duplicated. Please use one form per registrant. All check payments must be in U.S. funds and drawn on a U.S. bank.

EYEXchange Florida Waldorf Astoria Orlando June 6-7, 2025

Registration and Cancellation Deadline: May 26, 2025, 12:00 p.m. Central Time

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

EYEXCHANGE FLORIDA	
☐ IJCAHPO Certified	\$185
☐ Other Registrants	\$215
□ COA Exam Prep Session (Friday):	\$55
RECEPTION AND EXHIBIT HALL TICKETS	
☐ Reception and Exhibit Hall Tickets (please specify):*	
☐ Friday Reception and Exhibit Hall	\$85
☐ Saturday Reception and Exhibit Hall	\$85
☐ Please add a contribution to the	
JCAHPO Education and Research Foundation\$	
TOTAL \$	

FSO Masters Program—Special Registration Notes

*Reception and exhibit hall tickets are **NOT** included in the program registration. If you are registered for the program and wish to participate in the reception and exhibit hall, individual tickets must be purchased.

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

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

in writing. A processing fee of \$75 is deducted from each cancelled registration to cover a portion of the costs IJCAHPO incurs. In the unlikely event that a course is unexpectedly cancelled on-site, IJCAHPO may provide attendees with a replacement online course that may include a quiz.

CONTINUING EDUCATION CREDITS

This program has been accredited for 7 IJCAHPO CE Credits. 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.

All cancellations and requests for refunds must be received by IJCAHPO 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.

RESERVATIONS

To make your room reservation in the FSO room block, please visit: https://book.passkey.com/go/WMO25

Please PRINT clearly using blue or bla	ack 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 Nati ☐ Asian or Asian American		r Latino vaiian or Other Pacific Islander	☐ Multiracial or Multiethnic☐ Other		
☐ Black or African American	☐ White or Ca	☐ White or Caucasian			
PAYMENT INFORMATION					
☐ Check enclosed (payable to IJCAHPO ; U.S. Funds) ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express		IN CASE OF EMERGENCY, PLEASE NOTIFY:			
The following information is require	ed to process credit card orders:				
A \$50 fee will be assessed for dec	lined checks and declined credit cards.		Name	Telephone Number	
		Cardholder's Address			
Credit Card Number	/	Name as it appears on credit card (please print)			
Security Code Expirat (3 or 4 digits on front or back of credit card)	ion Date Cardholder's Zip Code	Cardholder's Signature			