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**Regional  
CE Event**



**Certification and Education  
for Eye Care Excellence**



# **EYEXchange** Kansas City

**FEBRUARY 7, 2025**

**The InterContinental Kansas City at the Plaza  
401 Ward Parkway, Kansas City, Missouri 64112**

**REGISTRATION CLOSES JANUARY 27, 2025**

**Continuing Education for Allied Ophthalmic Personnel**



# EYEXchange Kansas City | Friday, February 7, 2025

The InterContinental Kansas City at the Plaza | Salon 3

**Jodie Jackson, COT**  
Program Chair



Certification and Education for Eye Care Excellence

7 IJCAHPO CE Credits

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7:30–8:00 a.m.	<b>REGISTRATION</b>
8:00–9:00 a.m.	<b>REFRACTIVE SURGERY 2025 (1 IJCAHPO CE Credit)</b> <i>John Doane, MD</i> This course will review common refractive surgery techniques and discuss emerging trends.
9:00–10:00 a.m.	<b>WHAT'S THE PROBLEM? GRAND ROUNDS OF PROBLEM-BASED EXAMS (1 IJCAHPO CE Credit)</b> <i>Jessica Fowler, OD</i> This course will present cases with an emphasis on the technician's work-up of problem-based exams.
10:00–10:15 a.m.	<b>BREAK</b>
10:15–11:15 a.m.	<b>IRIS TUMORS 101 (1 IJCAHPO CE Credit)</b> <i>Komal Desai, MD</i> Attendees will gain an understanding of different lesions that present in the iris, the best way to evaluate them from the technician's standpoint and the management from a surgical standpoint.
11:15 a.m.–12:15 p.m.	<b>TREATMENT OF AGE-RELATED MACULAR DEGENERATION: PAST, PRESENT, FUTURE (1 IJCAHPO CE Credit)</b> <i>Nelson Sabates, MD, FACS</i> This course will discuss how to identify age-related macular degeneration and treatment options of the past, present, and future.
12:15–1:00 p.m.	<b>LUNCH</b>
1:00–2:00 p.m.	<b>TAILORING WORKUPS FOR EACH PATIENT (1 IJCAHPO CE Credit)</b> <i>Bayleigh Nelson, COA</i> This course will cover tailoring the workup to fit the needs of each individual patient. Tips will be given for navigating difficult situations and achieving efficiency while prioritizing the patient experience.
2:00–3:00 p.m.	<b>OPHTHALMIC EXAM SKILLS: WHAT, WHY, AND HOW (1 IJCAHPO CE Credit)</b> <i>Christine McDonald, COE, COA, ROUB</i> This course will review exam elements and special tests. It will discern what they are, why they are performed, and how to perform and document them.
3:00–4:00 p.m.	<b>OPHTHALMIC CRANIUM (1 IJCAHPO CE Credit)</b> <i>Jennifer Fuller, COMT</i> This course will review ocular anatomy and physiology through an interactive game.
4:00 p.m.	<b>ADJOURN</b>

*All times are Central time.*

# Registration Form

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

**EYEXchange Kansas City**  
**Friday, February 7, 2025**  
**8:00 A.M. - 4:00 P.M. CT**

## Registration and Cancellation Deadline: January 27, 2025, 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. 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. IJCAHPO Continuing education credits earned will be posted on your account at [www.jcahpo.org](http://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.**

### PARKING

Self parking is \$26. Valet parking is available for \$32.

**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) . . . . . \$149**

**OTHER REGISTRANTS (INDIVIDUAL) . . . . . \$189**

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

**TOTAL \$ \_\_\_\_\_**

### 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.

For additional information regarding registration, contact IJCAHPO at 800-284-3937, e-mail [registrations@jcahpo.org](mailto:registrations@jcahpo.org), or visit [www.jcahpo.org](http://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 \_\_\_\_\_

### 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 \_\_\_\_\_

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

Name as it appears on credit card (please print) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_