

E
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EDU

Regional
CE Event



Certification and Education
for Eye Care Excellence

Held in cooperation with

M
KELLOGG
EYE CENTER

Continuing Education for Allied Ophthalmic Personnel

EYEXchange Michigan

NOVEMBER 14, 2026

W.K. Kellogg Eye Center
University of Michigan, Ann Arbor
1000 Wall St, Ann Arbor, MI

REGISTRATION CLOSING NOVEMBER 4, 2026

Jackie Bray, COT
Program Chair

7 IJCAHPO CE credits

7:30–8:00 a.m.

REGISTRATION

8:00–9:00 a.m.

GLOBE TRAUMA FOR TECHNICIANS: FROM INJURY THROUGH RECOVERY

(1 IJCAHPO CE Credit, CEP: CA BRN-1)

Marguerite Weinert, MD

The talk will cover when to be concerned for globe rupture on history, the dos and don'ts with the primary exam, concepts of globe repair, what we look for post-operatively, and outcomes for our globe trauma patients. There will be time for Q&A at the end of the talk.

9:00–10:00 a.m.

WHAT EVERY OPHTHALMIC TECHNICIAN SHOULD KNOW ABOUT PEDIATRIC EYE EXAMINATIONS: TIPS, TECHNIQUES, AND CLINICAL PEARLS

(1 IJCAHPO CE Credit, CEP: CA BRN-1)

Steven Archer, MD

This course will explain testing visual acuity in children and how it differs from adult testing. It will also explain the sensorimotor examination for strabismus and the interpretation of various findings.

10:00–10:15 a.m.

BREAK

10:15–11:15 a.m.

TBD

Tatiana Deveney, MD

11:15 a.m.–12:15 p.m.

IS IOLS: A TO Z

(1 IJCAHPO CE Credit, CEP: CA BRN-1)

Angela Verkade, MD

This talk will outline both the routine work up and selection process of intraocular lenses. We will discuss preoperative imaging, patient selection, and varying available intraocular lenses for placement during routine cataract surgery.

12:15–1:00 p.m.

LUNCH

1:00–2:00 p.m.

TECH TRAINING: AOP TRAINING & ASSESSMENT IN ACTION

(1 IJCAHPO CE Credit, CEP: CA BRN-1)

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

As an ophthalmic technician you started your career working up patients and completing diagnostic testing. Now you find yourself the practice trainer. This course will provide you with the tools to embrace the challenge of training AOP. This course will discuss scope of practice, barriers to on-the-job training, prior learning assessment, clinical skills training techniques, and assessment of competency from checklists to rubrics.

2:00–3:00 p.m.

SMALL EYES, BIG DIAGNOSES: PEDIATRIC RETINAL DISEASES NOT TO MISS

(1 IJCAHPO CE Credit, CEP: CA BRN-1)

Nita Valikodath, MD

This course highlights pediatric retinal diseases not to miss, including retinoblastoma, ROP, Coats disease, FEVR, and retinoblastoma. Key clinical presentations, diagnostic workup, imaging findings, and treatment approaches will be discussed, with surgical videos demonstrating selected pediatric retinal procedures.

3:00–4:00 p.m.

COLOR VISION

(1 IJCAHPO CE Credit, CEP: CA BRN-1)

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

This course will cover color vision and color vision defects before moving on to 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.

4:00 p.m.

ADJOURN

All times are Eastern Time.

Registration Form

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

EYEXchange Michigan
Saturday, November 14, 2026
8:00 A.M. – 4:00 P.M. ET

Registration and Cancellation Deadline: November 4, 2026, 12:00 p.m. ET

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.

CONTINUING EDUCATION CREDITS

This program has been accredited for 7 IJCAHPO CE Credits. 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 6 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 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.

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.

By completing this registration and attending IJCAHPO regional meetings and events, attendees agree to allow their names, likenesses and images (photographic) to be used by IJCAHPO for educational and promotional purposes.

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 _____