

**E
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EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

In Cooperation With

**MAYO
CLINIC**



**Department of
Ophthalmology**

Continuing Education for Allied Ophthalmic Personnel

EYEXchange
Rochester

APRIL 12, 2025

**Harold W. Siebens Medical Education Building
Leighton Auditorium
100 Second Avenue SW, Rochester, Minnesota 55905**

REGISTRATION CLOSSES APRIL 7, 2025

7:30–8:00 a.m.

REGISTRATION

8:00–8:30 a.m.

WHEN MEDICAL PROCEDURES ARE OVER, BUT PATIENTS STILL STRUGGLE

(0.5 IJCAHPO CE Credit)

Kirby Lindgren

Not that long ago, diseases like macular degeneration, glaucoma or diabetic retinopathy resulted in a patient's total blindness. Today, with early diagnosis and proper medical care, these conditions are treatable. However, most patients face permanent vision changes that make everyday life challenging. Learn what struggles remain for your patients and how available resources and Hadley's whole person approach to rehab will transform their health and happiness.

8:30–9:30 a.m.

OCULOPLASTICS PRIMER 2025 (1 IJCAHPO CE Credit)

Greg Griepentrog, MD

This course will provide an overview of common eyelid, lacrimal, and orbital disorders from the perspective of clinical intake.

9:30–10:00 a.m.

BEYOND THE SURFACE: AN INTRODUCTION TO CORNEAL DISEASE

(0.5 IJCAHPO CE Credit)

Ashlie Bernhisel, MD

TBA.

10:00–10:15 a.m.

BREAK

10:15 a.m.–11:15 a.m.

OCULAR MANIFESTATIONS OF SYSTEMIC DISEASE (1 IJCAHPO CE Credit)

Wendy Smith, MD

This case-based presentation will highlight the ocular findings associated with systemic diseases ranging from hypertension and diabetes to syphilis.

11:15–12:15 p.m.

VINDICATES: A NEURO-OPHTHALMOLOGY UPDATE ON VISION LOSS

(1 IJCAHPO CE Credit)

John Chen, MD, PhD

This course will use the mnemonic VINDICATES to discuss the differential diagnosis of vision loss.

12:15–1:00 p.m.

LUNCH

1:00–1:30 p.m.

IRIS PROSTHETICS

(0.5 IJCAHPO CE Credit)

Sanjay Patel, MD

This presentation will review the etiology of iris abnormalities/defects and the options for their management, with an emphasis on prosthetic devices and their outcomes.

1:30–2:30 p.m.

TECHNICIAN GUIDE TO DOUBLE VISION (1 IJCAHPO CE Credit)

Lindsay Klaehn, OC(C), CO, COMT and Tia Bodi, CO, COMT

This course will explore various scenarios impacting double vision through engaging case examples, providing a comprehensive understanding of this condition.

2:30–3:30 p.m.

WHAT IS THAT? DESCRIPTION OF OCT AND FA (1 IJCAHPO CE Credit)

Holly Cheshier, COT, CRA, OCT-C

This course is a retina-based lecture that will review optical coherence tomography (OCT) and fluorescein angiography (FA) patterns. Common pathologies that affect the retina will be discussed and case examples will be shown.

3:30–4:00 p.m.

TREATING PATIENTS WITH AGE-RELATED MACULAR DEGENERATION

(0.5 IJCAHPO CE Credit)

Matt Starr, MD

This course will cover the basics of dry and wet age-related macular degeneration, including signs and symptoms, OCT parameters, and current treatment strategies.

4:00 p.m.

ADJOURN

All times are Central Time.

Registration Form

EYEXchange Rochester
Saturday, April 12, 2025
8:00 A.M. – 4:00 P.M. CT

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

Registration and Cancellation Deadline: April 7, 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.

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.

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.

DIRECTIONS

Due to Mayo's security policies, the doors to the Seibens Building may be locked upon your arrival. Please enter the building from the west doors (the doors across from the Gonda Building) and page security using the button near the door to access the building.

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
 Asian or Asian American Native Hawaiian or Other Pacific Islander
 Black or African American White or Caucasian
 Multiracial or Multiethnic
 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:	
Name _____	Telephone Number _____

Credit Card Number _____ Cardholder's Address _____
 Name as it appears on credit card (please print) _____
 Security Code _____ Expiration Date _____ Cardholder's Zip Code _____
 (3 or 4 digits on front or back of credit card)
 Cardholder's Signature _____

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) **\$135**
 OTHER REGISTRANTS (INDIVIDUAL) **\$185**
 MAYO HEALTH SYSTEMS EMPLOYEE* **\$40**
 * Mayo Health Systems employees must fax or mail application along with documentation (name badge and/or contact information) to receive rate.
 STUDENT** **\$40**
 ** To receive the student rate, a registrant must fax or mail application along with a letter on school/program letterhead stating they are a student.
 Please add a contribution to the IJCAHPO Education and Research Foundation..... \$ _____

TOTAL \$ _____

