

# EYEXchange Carolinas | Sept. 13, 2025

Marriott Myrtle Beach Resort & Spa at Grande Dunes | Atlantic 6-8

Adam Moses, COMT

**Program Chair** 



Friday, September 12, 2025

5:00-6:30 p.m. WELCOME RECEPTION IN EXHIBIT HALL: (ATLANTIC 1-4)

Saturday, September 13, 2025

7:00–8:00 a.m. BREAKFAST: EXHIBIT HALL (ATLANTIC 1-4)

7:00–7:45 a.m. **REGISTRATION** 

7:45-8:30 a.m. WHAT IS THE ASSOCIATION BETWEEN REFRACTIVE ERRORS AND RETINAL

**DISEASES?** (0.75 IJCAHPO CE Credit)

Michael Stewart, MD

This course will cover the aspects of retinal diseases that are important for a technician in a cataract/ refractive practice. Topics such as macular puckers/holes, cystoid macular degeneration, age-related macular degeneration, age-related macular degeneration, age-related macular degeneration and analysis will be discussed.

degeneration, retinal detachments, and endophthalmitis will be discussed.

8:30–9:15 a.m. **RETINA IMAGING FOR THE ANTERIOR SEGMENT PRACTICE** (0.75 IJCAHPO CE Credit)

Michael Stewart, MD

This course will discuss retinal imaging modalities that are important for the anterior segment practice. Fundus photography, optical coherence tomography, fundus autofluorescence, and ultrawide-field imaging provide valuable information for the anterior segment practice. Numerous examples of diseases with images will

be given.

9:15-10:00 a.m. YOU DON'T NEED TO BE A SUPERHERO TO BE A SUPER TECH (0.75 IJCAHPO CE Credit)

Aldona Orawczyk, COT

How to overcome the most common roadblocks on your journey to be a Super Tech. Practical suggestions and techniques for clinical efficiency, handling difficult patients, and continuing to grow in your career as an

Ophthalmic Technician.

10:00-10:15 a.m. **BREAK** 

10:15-11:00 a.m THE IMPORTANCE OF SAFETY PROTOCOLS (0.75 IJCAHPO CE Credit)

Lauren Karipis, MHA

This course uses actual closed medical malpractice claims to illustrate the importance of safety protocols in a

clinic practice and surgical facility to prevent patient harm and mitigate liability risk.

11:00 a.m.-12:00 p.m. RETINAL DETACHMENTS (1 IJCAHPO CE Credit)

Sally Shin Yee Ong, M.D.

TBA.

12:00–1:00 p.m. **LUNCH:** (OLEANDER A)

1:00-2:00 p.m. THE ANATOMY OF PRESCRIPTION GLASSES (1 IJCAHPO CE Credit)

Adam Moses, COMT

This course will dive into how glasses are made, how they work, and how that knowledge can translate to better

lensometry and refractions.

2:00-3:00 p.m. PIVOT! A TECHNICIAN'S GUIDE TO BATTLING BOTTLENECKS (1 IJCAHPO CE Credit)

Ashley Grant, COT

In this course, we'll explore how to anticipate challenges, adjust on the fly and pivot in real time to keep patient flow steady—transforming a frustrating trickle into a smooth, efficient stream. You'll sharpen your skills, boost

your confidence and learn how to take control of clinic chaos with the poise of a pro.

3:00-4:00 p.m. LESSONS LEARNED FROM GLAUCOMA CASES (1 IJCAHPO CE Credit)

Pauline Merrill, MD, and Lauren Karipis

This course is intended to review Risk Management principles by presenting actual closed Glaucoma claims cases. Learn how to decrease the likelihood of events which could lead to poor outcomes and better understand

risk management principles.

4:00 p.m. ADJOURN ALL TIMES ARE EASTERN TIME.

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

## Registration and Cancellation Deadline: September 5, 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 onsite. 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.

## **HOTEL ROOM BLOCK RESERVATIONS**

DEADLINE TO RESERVE HOTEL ROOM IS AUGUST 18, 2025 https://www.marriott.com/event-reservations/reservation-link.mi ?id=1714856998441&key=GRP&app=resvlink

#### 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.

MAIL form and payment to IJCAHPO, 2025 Woodlane Drive, St. Pa FAX completed form to 651-683-5005 (credit card orders only)	ui, iviiv 55125
I wish to register for:	
All check payments must be in U.S. funds and drawn on a	a U.S. bank.
☐ IJCAHPO CERTIFIED (INDIVIDUAL)	\$145
OTHER REGISTRANTS (INDIVIDUAL)	\$190
☐ Please add a contribution to the JCAHPO Education and Research Foundation\$	
TOTAL \$	

#### **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.

## **DIETARY RESTRICTIONS**

If you have any dietary restrictions, please let us know so that we may seek an accommodation in our menu.

For additional information reg	arding registration, contact I	IJCAHPO at 800-284-3937, e-mail re	gistrations@jcahpo.org, or visit www.jcahpo.org.	
Please <b>PRINT</b> 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 ide	entify most with?			
☐ American Indian or Alaska Native☐ Asian or Asian American	☐ Hispanic or Latino☐ Native Hawaiian or Other Pacific Islander		☐ Multiracial or Multiethnic☐ Other	
☐ Black or African American	☐ White or Caucasian		☐ Prefer Not to Answer	
PAYMENT INFORMATION				
$\square$ Check enclosed (payable to <b>IJCAHPO</b> ; U.S. Funds) $\square$ VISA $\square$ MasterCard $\square$ Discover $\square$ American Express		IN CASE OF EMERGENCY, PLEASE NOTIFY:		
The following information is required to	process credit card orders:			
A \$50 fee will be assessed for declined	d checks and declined credit cards	5.	Name Telephone Number	
		Cardholder's Address		
Credit Card Number		Name as it appears on credit card (please print)		
Security Code Expiration	Date Cardholder's Zip Code			

Cardholder's Signature