EYE EDU

Regional CE Event

IJCAHPO

Certification and Education for Eye Care Excellence

Held in Cooperation With

NEW MEXICO ACADEMY OF OPHTHALMOLOGY

EYEXchange New Mexico

SEPTEMBER 19, 2026

Sandia Resort & Casino

30 Rainbow Rd NE Albuquerque, NM 87113

REGISTRATION CLOSES SEPTEMBER 9, 2026

EYEXchange New Mexico | Saturday, September 19, 2026

Sandia Resort & Casino | Sandia Ballroom C

Jovanni Garcia, COA, OCS and Nicole Gollihar, COA
Program Chairs

IJCAHPO
Certification and Education for Eye Care Excellence

7 IJCAHPO CE credits

7:30–8:00 a.m. **REGISTRATION**

8:00–9:00 a.m. **OCULAR TRAUMA** (1 IJCAHPO CE Credit, CA BRN-1)
Phillip James Sanchez, MD
This course will review the mechanism of ocular trauma and its medical and surgical management. We will review ocular anatomy and cover key points for ophthalmic technicians to consider when caring for these patients in clinic.

9:00–10:00 a.m. **INTRODUCTION TO OPHTHALMIC ULTRASOUND** (1 IJCAHPO CE Credit, CA BRN-1)
Craig Simms, MEd, COMT, ROUB, CDOS, CRT
This course will cover ophthalmic ultrasound including a brief review of ultrasound physics, ultrasound biometry, B-scan, standardized A-scan and ultrasound biomicroscopy (UBM).

10:00–10:15 a.m. **BREAK**

10:15–11:15 a.m. **THE OPHTHALMIC TECHNICIAN'S ROLE IN OCULAR EMERGENCIES** (1 IJCAHPO CE Credit, CA BRN-1)
Craig Simms, MEd, COMT, ROUB, CDOS, CRT
As technicians, we play a critical role in recognizing emergencies, initiating appropriate actions, and ensuring patients receive timely care. Many times, we are the first person the patient interacts with—what we do in those first few minutes can help save vision. This course will discuss ocular emergencies, highlight the technician's role, and illustrate key triage questions through cases.

11:15 a.m.–12:15 p.m. **RETINOPATHY OF PREMATURITY: SMALL TALK ON TINY RETINAS**(1 IJCAHPO CE Credit)
C. Nathaniel Roybal, MD, PhD
The course will focus on some of the basics of retinopathy of prematurity including: the pathogenesis, screening, grading systems and neonatal treatments. We will also show some of the sequelae in the adult population. At the end we will discuss the importance of advocacy for this our most vulnerable population.

12:15–1:00 p.m. **LUNCH**

1:00–2:00 p.m. **PATIENT-CENTERED OPHTHALMIC CARE** (1 IJCAHPO CE Credit, CA BRN-1)
Crystal Martinez, COMT
This course will focus on patient-centered approaches to everyday tasks while working with patients in an ophthalmic clinical setting that can benefit workflows, support staff morale, and promote overall patient satisfaction.

2:00–3:00 p.m. **ABOVE AND BEYOND: A TECHNICIAN'S GUIDE TO ADDITIONAL TESTING** (1 IJCAHPO CE Credit, CA BRN-1)
Owen Rhys Walton Sholar, COA, OSC
The course will discuss how to identify opportunities to order additional diagnostic testing based on exam findings during the technician workup.

3:00 p.m. **ADJOURN - ONLINE COURSE!**

All times are Mountain Time

Everyone registered for the 2026 EYEXchange New Mexico Regional CE program will be enrolled in IJCAHPO's October Webinar for the opportunity to earn your 7th CE Credit at a time that is most convenient for you. Keep an eye on your email and complete your FREE webinar between October 6 at 4:30 p.m. CT and 13 at 11:55 p.m. CT.

Registration Form

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

EYEXchange New Mexico
Saturday, September 19, 2026
7:30 A.M.–3:00 P.M. CST

Registration and Cancellation Deadline: September 9, 2026, 3:00 p.m. CT

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. 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.

HOTEL RESERVATIONS

Make plans to attend the program. Reserve a room online or via phone. https://www.sandiacasino.com/ or (505) 796-7500.

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

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 651-683-5005 (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 . . . . . $145 USD**

❑ **OTHER REGISTRANTS. . . . . $190 USD**

❑ Please add a contribution to the JCAHPO Education and Research Foundation..... $_____

TOTAL $_____

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

❑ ***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.***

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
❑ Asian or Asian American
❑ Black or African American
❑ Hispanic or Latino
❑ Native Hawaiian or Other Pacific Islander
❑ 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.

_____ - _____ - _____ - _____
Credit Card Number

_____ Security Code (3 or 4 digits on front or back of credit card)

_____/_____ Expiration Date

_____ Cardholder's Zip Code

IN CASE OF EMERGENCY, PLEASE NOTIFY:

_____ Name _____ Telephone Number

Cardholder's Address _____

Name as it appears on credit card (please print) _____

Cardholder's Signature _____