Continuing Education
for Allied Ophthalmic Personnel

Early Registration
Open Until
March 20, 2020

April 4, 2020
Mayo Clinic, Harold W. Siebens
Medical Education Building
Phillips Hall, First Floor,
200 Second Avenue SW,
Rochester, MN 55905

Held in cooperation with The Mayo Clinic,
Department of Ophthalmology.
7:30-8:00 a.m.  REGISTRATION: PHILLIPS HALL  (Breakfast is on your own.)

8:00-8:50 a.m.  WHAT'S NEW IN UVEITIS?
Wendy Smith, MD
This course will use a case-based format to review the basics of uveitis as well as discuss current methods of diagnosing uveitis, including molecular techniques (PCR) and imaging modalities (OCT, autofluorescence, angiography), and newer ocular and systemic treatments.

8:50-9:40 a.m.  TREATMENT FOR FLOATERS
Joshua Olson, MD
As technologies advance, treatment for floaters has become an increasingly available option for patients. We will discuss the pathology of floaters and growing evidence of their visual impact. We will review the option of YAG laser vitreolysis and pars plana vitrectomy for the treatment of persistent symptomatic floaters.

9:40-9:55 a.m.  BREAK

9:55-10:45 a.m.  SCLERAL LENSES
Cherie Nau, OD, FAAO, FSLS
This course will review Scleral contact lenses. We will discuss indications for scleral lens uses, potential complications of scleral lenses, and cover patient experience with scleral lenses.

10:45-11:35 a.m.  BEST PRACTICES FOR EHR, PATIENT SECURITY AND CONFIDENTIALITY
Chris Dean, CMHP, NCP
This course will discuss why you need to safeguard patient information and how to implement your policies and procedures. The importance of steps to safeguard patient data on EHRs and appropriate communication for patients about their data will also be discussed.

11:35 a.m.-12:35 p.m.  LUNCH: LANDOW ATRIUM (GONDA BUILDING)

12:35-1:25 p.m.  PEDIATRIC CLINICAL ELECTROPHYSIOLOGY: MAKING EVERY CONNECTION MATTER
Wanda Pfeifer, OC(C), COMT, CO
This course will offer instruction on how to perform full-field electroretinograms in children as well as the analysis of waveform quality. Emphasis will be placed on basic aspects of electrophysiology such as waveform origin and interpretation in the setting of pediatric genetic retinal disorders.

1:25-2:15 p.m.  THREE LIFE-THREATENING EYE EMERGENCIES YOU CANNOT MISS
Lauren Dalvin, MD
This lecture presentation will include a description of three life-threatening tumors which start in the eye, including conjunctival melanoma, uveal melanoma, and retinoblastoma. Upon completion of the lecture, attendees will be able to list three life-threatening cancers that are found in the eye and recognize the signs of advanced ocular melanoma and retinoblastoma.

2:15-2:30 p.m.  BREAK

2:30-3:20 p.m.  EVALUATION, CAUSES AND TREATMENT OF TEARING
Lilly Wagner, MD
This lecture will cover the anatomy of the eyelids and lacrimal drainage system, and explain different reasons for tearing as well as appropriate diagnostic work-up and treatment.

3:20-4:10 p.m.  OVERVIEW OF OPHTHALMIC TESTING FOR GLAUCOMA
Jodi Moore-Weiss, OD
This course presents an overview of the methods and purpose of glaucoma testing, including tonometry, corneal hysteresis, visual fields, optic disc photography, and Optical Coherence Tomography. Common pitfalls and troubleshooting to achieve high quality and accurate results will be covered in addition to a brief review of some newer testing modalities as well as some examples of how testing is used to diagnose and manage glaucoma in a clinical setting.

4:10 p.m.  ADJOURN
Registration Form

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

Registration and Cancellation Deadline: March 27, 2020

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:

Credit Card Number ____________________________ Security Code ________ Expiration Date __/____/_____ Cardholder’s Zip Code ________

Cardholder’s Address

Name as it appears on credit card (please print)

Cardholder’s Signature

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name ____________________________ Telephone Number ____________________________

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.

Please PRINT clearly using blue or black ink.

Registration

All check payments must be in U.S. funds and drawn on a U.S. bank.

BY MARCH 20*

☐ EARLY Individual Registration:

IJCAHPO Certified (non-Mayo employees) .................................................. $100

Mayo Health System Employee* .......................................................... $25

Students***  ......................................................................................... $30

Other Registrants ................................................................................ $110

* Mayo Health Systems employees must provide documentation (name badge and/or contact information to receive the discount.)

** To receive the student rate, a registrant must submit a letter on school/program letterhead stating they are a student.

☐ EARLY Group Registration (3 or more):

IJCAHPO Certified (non-Mayo employees) ............................................ $90

Other Registrants  ................................................................................ $100

ON OR AFTER MARCH 21

☐ Individual Registration:

IJCAHPO Certified ................................................................. $150

Other Registrants ................................................................................ $160

☐ Group Registration (3 or more):

IJCAHPO Certified ................................................................. $140

Other Registrants ................................................................................ $160

☐ Please add a contribution to the IJCAHPO Education and Research Foundation ................................ $__________

*Must be postmarked before date.

TOTAL $________________
General Information
For additional information regarding registration, contact IJCAHPO at 800-284-3937, e-mail registrations@jcahpo.org, or visit www.jcahpo.org.

HANDOUTS
A link to course handouts will be e-mailed to registrants one week prior to the meeting date, as they are not provided on-site. Handouts are available for two weeks.

NOTE: WiFi access not provided by IJCAHPO.

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.

CONTINUING EDUCATION CREDITS
IJCAHPO and CA BRN continuing education credits have been approved for this meeting. 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.

LOCATION
Mayo Clinic
Harold W. Siebens Medical Education Building
Phillips Hall, First Floor
200 Second Avenue SW
Rochester, MN  55905

PARKING
Nearby city parking ramps are the Center Street Ramp, 11 W Center St. and the 2nd Street Ramp, 14 Second Street Southeast, 2nd St SE.