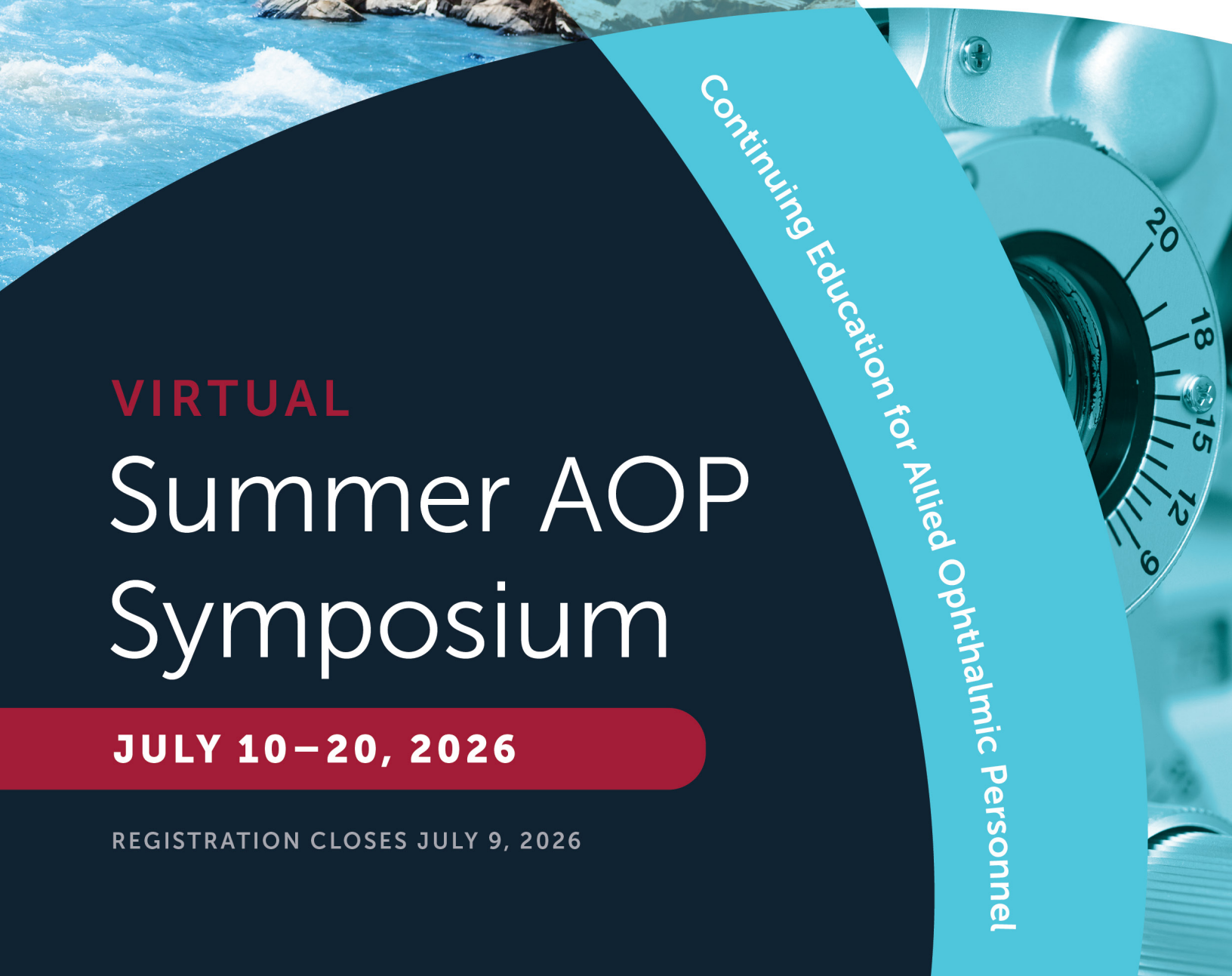
EYE EDU

IJCAHPO

Certification and Education
for Eye Care Excellence

Continuing Education for Allied Ophthalmic Personnel




VIRTUAL

# Summer AOP Symposium

**JULY 10–20, 2026**

REGISTRATION CLOSES JULY 9, 2026

VIRTUAL

# Summer AOP Symposium

IJCAHPO

Certification and Education for Eye Care Excellence

**Courses are available from Friday, July 10, 2026, at 8:00 a.m. CT through Monday, July 20, 2026 at 11:59 p.m. CT. Complete courses at your own pace, quiz free, and earn up to 7 IJCAHPO CE credits.**

## TESTING VISUAL FIELDS

***Jo Ann Giaconi, MD and Michael Kapamajian, MD***

***1 IJCAHPO CE Credit, CEP: CA BRN-1***

This course will review basic tenets of visual field testing for the technician and will also cover the purposes of newer test strategies.

## IOL CALCULATIONS UPDATE 2026

***Rhonda G. Waldron, MMSc, COMT, ROUB, CDOS***

***1 IJCAHPO CE Credit, CEP: CA BRN-1***

This 2026 update provides an overview of why and how calculations are made for IOLs as well as the challenges, advances, and options available. The course covers how best to measure when encountering dense cataracts and dry eyes, how to perfect toric calculations, and which formulas will be most helpful in your 2026 calculations.

## PEDIATRIC AND INFANT VISION EXAMINATION

***Shymaa Mohamed***

***0.75 IJCAHPO CE Credit, CEP: CA BRN-0.75***

The prevalence of vision disorders in children is significant and many organizations now recommend early screening and/or examinations. This course provides an opportunity to develop basic working knowledge for the detection and assessment of vision problems for children of all ages. This course also serves as a foundation for binocular vision testing as well.

## THE BASICS OF VISUAL ELECTROPHYSIOLOGY

***Leobardo Cortes Reyes COA, CDOS, CRA, OCT-C***

***0.5 IJCAHPO CE Credit, CEP: CA BRN-0.5***

This lecture will cover what electrophysiology is primarily focusing on ffERG, mfERG, and EOG. It will explain how the tests are performed, how to interpret tests, and what type of patients would benefit from this test.

## KERATOCONUS: DIAGNOSIS AND MANAGEMENT

***Kevin R. Tozer, MD***

***1.0 IJCAHPO CE Credit, CEP: CA BRN-1***

This webinar will cover several aspects of keratoconus. Epidemiology, pathophysiology, diagnosis, medical, and surgical treatments will be discussed.

## MICROINVASIVE GLAUCOMA SURGERY (MIGS) - SUPPORTING GLAUCOMA CARE WITH CONFIDENCE

***Carla Bourne, MD***

***0.75 IJCAHPO CE Credit, CEP: CA BRN-0.75***

A review of currently available Micro Invasive Glaucoma Surgery (MIGS) techniques and devices with focus on providing attendees with review of pertinent anatomy and explanation of clinical and surgical applications. Discuss patient evaluation and workup, in addition to complication, triage and management strategies.

## WHAT DID THE DOCTOR MEAN?

***Danielle Thuen, COA, OSC***

***0.5 IJCAHPO CE Credit, CEP: CA BRN-0.5***

Many ophthalmologists give only the basic description of ophthalmic testing to their patients, leaving the ophthalmic technician to fill in the gaps. Learn how to explain these tests to your patients without overwhelming them with technical details or talking down to them.

## RETINA SURGERY DEMYSTIFIED: PRACTICAL PEARLS FOR THE OPHTHALMIC TEAM

***Brittni Scruggs, MD, PhD***

***1 IJCAHPO CE Credit, CEP: CA BRN-1***

Designed for ophthalmic technicians at all levels, this interactive lecture clarifies the “why” behind vitreoretinal surgery and empowers technicians with practical, clinic-ready pearls. Topics include common surgical diagnoses, efficient patient workups, post-operative considerations, and pearls for comprehensive settings. Attendees will leave with enhanced confidence and real-world strategies to optimize patient care.

## CATARACT SURGERY AND REFRACTIVE SURGERY PREOPERATIVE EVALUATION

***Jose de la Cruz, MD and Salvatore Mantello, COMT***

***0.5 IJCAHPO CE Credit, CEP: CA BRN-0.5***

This course will review the essential elements of the work-up for refractive surgery patients and for cataract surgery patients. It will review the similarities and differences for working up these two types of patients.

# Registration Form

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

**Virtual Summer AOP Symposium**
**July 10–20, 2026**
**7 IJCAHPO CE Credits**

**REGISTRATION AND CANCELLATION DEADLINE: JULY 9, 2026, 12:00 P.M. CENTRAL TIME**

## GENERAL INFORMATION

### Handouts
Any course handouts that have been provided will be accessible from the course platform.

### Cancellations/Refunds
All cancellations and requests for refunds must be received by IJCAHPO in writing. A processing fee of $50 is deducted from each canceled registration to cover a portion of the costs IJCAHPO incurs.

### Continuing Education Credits
This program has been accredited for 7.0 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 7 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 evaluations.

*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.*

### I wish to register for:

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

❑ **IJCAHPO CERTIFIED (INDIVIDUAL) . . . . . .$95 USD**

❑ **OTHER REGISTRANTS (INDIVIDUAL) . . . . $125 USD**

Complete courses at your own pace from
Friday, July 10, at 8:00 a.m. CT through
Monday, July 20, at 11:59 p.m. CT.

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

**TOTAL $_____**

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

**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)**

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 Multi-ethnic
❑ 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

_____ _____/_____ _____
Security Code (3 or 4 digits on front or back of credit card) Expiration Date Cardholder's Zip Code

Cardholder's Address _____

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

Cardholder's Signature _____