

**E
YE
EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

In Cooperation With



Continuing Education for Allied Ophthalmic Personnel

EYEXchange Austin

MARCH 28, 2026

**University of Texas at Austin Dell Medical School
1501 Red River St, Austin, TX 78712**

REGISTRATION CLOSING MARCH 18, 2026

7:30–8:00 a.m.

REGISTRATION

8:00–9:00 a.m.

THE UVEITIS PATIENT WORK-UP: SIGHT FOR SORE EYES (1 IJCAHPO CE Credit)

Eric Crowell, MD, MPH

This course will prepare technicians for the nuances of the uveitis patient including history taking, exam specifics, and some tips and tricks for some of the challenges these eyes present when acquiring the information needed during the work-up exam.

9:00–10:00 a.m.

DRUGS THAT CAUSE VISION CHANGES (1 IJCAHPO CE Credit)

Amy Durand, MD and Saleema Kherani-Ali, MD

This course is designed for ophthalmic technicians seeking to strengthen their clinical awareness of how systemic and ocular medications can impact vision. Participants will learn to identify medications known to affect vision and understand the typical visual changes associated with their use. Emphasis is placed on recognizing signs and symptoms of ocular issues so technicians can respond appropriately, support patient education, and facilitate patient work ups.

10:00–10:15 a.m.

BREAK

10:15–11:15 a.m.

SURVEY SAYS...NAME THOSE TECH TRAINING STRUGGLES (1 IJCAHPO CE Credit)

Crystal Martinez, COMT, OSA, OCS, OSC

This course offers training tips and pearls for technical staff to address current struggles they encounter. Based on data from a survey of techs, instructor will provide insight on best training approaches

11:15 a.m.–12:15 p.m.

DIAGNOSTIC RGP OVER-REFRACTION: WHEN AND HOW TO CHOOSE THE RIGHT LENS (1 IJCAHPO CE Credit)

Bailey Guerra, BAAS, COT

Rigid gas permeable (RGP) diagnostic over-refraction is a valuable tool in determining if a patient would benefit from a formal hard contact lens fitting. This course will discuss the principles of RGP over-refraction, indications for its use, and key measurements needed to select an appropriate diagnostic lens. Allied ophthalmic personnel will learn practical strategies to optimize lens selection.

12:15–1:00 p.m.

LUNCH

1:00–2:00 p.m.

DRY EYE UPDATE (1 IJCAHPO CE Credit)

Vasudha Panday, MD

This course will cover a wide variety of dry eye treatments, from the tried and true to innovative solutions that are on the horizon.

2:00–3:00 p.m.

OPHTHALMIC MICROBIOLOGY (1 IJCAHPO CE Credit)

Sarah Chick, COA

This course reviews microbes that commonly affect the eye, common medications used to manage infections, and infection control precautions.

3:00–4:00 p.m.

TBA (1 IJCAHPO CE Credit)

Charlotte Akor, MD

TBA.

4:00 p.m.

ADJOURN

All times are Central Time.

Registration Form

EYEXchange Austin
Saturday, March 28, 2026
8:00 A.M. – 4:00 P.M. CT

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

Registration and Cancellation Deadline: March 18, 2026, 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.

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.

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.

DIETARY RESTRICTIONS

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

DIRECTIONS

The Health Learning Building is located on the University of Texas Dell Medical School campus at the intersection of Red River and E. 15th Streets.

PARKING

Parking is available in the Health Center Garage at 1601 Trinity St Bldg. A, Austin, TX 78701 for \$17 (8-18 hours).

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.

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

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 Multiracial or Multiethnic
 Asian or Asian American Native Hawaiian or Other Pacific Islander Other _____
 Black or African American White or Caucasian 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) _____

Cardholder's Signature _____

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

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 (INDIVIDUAL) \$140
 OTHER REGISTRANTS (INDIVIDUAL) \$175

Please add a contribution to the IJCAHPO Education and Research Foundation..... \$ _____

TOTAL \$ _____

