EYE EDU

Regional CE Event

IJCAHPO

Certification and Education for Eye Care Excellence

Continuing Education for Allied Ophthalmic Personnel

EYEXchange Phoenix

AUGUST 8, 2026

Marriott Phoenix Airport

1101 North 44th Street, Phoenix, AZ 85008

REGISTRATION CLOSES JULY 28, 2026

EYEXchange Phoenix | Saturday, August 8, 2026

Mariott Phoenix Airport | Ponderosa

Shannon Singleton, COMT, OSC
Program Chair

IJCAHPO
Certification and Education for Eye Care Excellence

7 IJCAHPO CE credits

7:30–8:00 a.m. **REGISTRATION**

8:00–8:30 a.m. **OCT OF THE MACULA GANGLION CELL LAYER AND OPTIC NERVE** (1 IJCAHPO CE Credit, CA BRN-0.5)
Liya Ayalew, MD
This course introduces the scanning principles and clinical applications of OCT of the macula and Optic nerve.

8:30–9:00 a.m. **GLP-1RAS: WHAT OPHTHALMOLOGISTS NEED TO KNOW** (1 IJCAHPO CE Credit, CA BRN-0.5)
Carmen Victoria Chacon Orellana, MD
GLP-1 receptor agonists (GLP-1RAs) are increasingly prescribed for type 2 diabetes, obesity, and cardiovascular risk reduction, making it essential for eye care professionals to understand their ophthalmic implications. This presentation reviews the current evidence on the ocular effects of GLP-1RAs, including potential protective mechanisms, reported associations with common eye diseases, and perioperative considerations. Participants will gain practical, evidence-based insights to help recognize, counsel, and manage patients receiving these medications in everyday clinical practice.

9:00–10:00 a.m. **SURGICAL OPTIONS FOR COMMON CORNEAL DISEASE** (1 IJCAHPO CE Credit, CA BRN-1)
Kevin Tozer, MD
Corneal diseases are a common cause of serious visual loss. Conditions that affect the corneal epithelium, stroma, and endothelium can often be addressed with surgical intervention. This lecture will give a brief overview of the surgical management of Salzmann's nodular degeneration, keratoconus, and Fuch's endothelial dystrophy. Procedures that will be reviewed include superficial keratectomy, full, and partial thickness corneal transplants.

10:00–10:15 a.m. **BREAK**

10:15–11:15 a.m. **OCULOPLASTICS OFFICE PROCEDURES** (1 IJCAHPO CE Credit, CA BRN-1)
Misha Faustina, MD
This case-based intermediate level course will review patient interactions for in-office minor surgical procedures including patient education, sterile technique, handling of specimen, surgical assisting and post-operative care

11:15 a.m.–12:15 p.m. **ULTRASOUND FOR DIABETIC PATIENTS** (1 IJCAHPO CE Credit, CA BRN-1)
Craig Simms, MEd, COMT, ROUB, CDOS, CRT
This course will explore ultrasonic techniques specific to ultrasonic findings in a diabetic patient. A review of general examination techniques will be covered, as well as techniques specific to diabetic retinopathy including examination of vitreous hemorrhage examination, retinal tear, and posterior hyphema.

12:15–1:00 p.m. **LUNCH**

1:00–2:00 p.m. **FLUORESCEIN ANGIOGRAPHY** (1 IJCAHPO CE Credit, CA BRN-1)
Mandi Conway, MD, FACS
This course will describe the principles, procedure and anatomical interpretation of fluorescein angiography. It will also describe indocyanine green angiography and choroidal findings, autofluorescent fundus findings, and optical coherence tomography angiography.

2:00–3:00 p.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.

3:00–4:00 p.m. **APPROACHES TO COMPLEX RETINAL SURGERY** (1 IJCAHPO CE Credit, CA BRN-1)
Suhail Alam, MD
This course will discuss techniques and approaches to retina surgery through dissection of a variety of surgical retinal cases including those involving dislocated IOLs, complex retinal detachments, and patients with diabetes.

4:00 p.m. **ADJOURN**

Registration Form

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

EYEXchange Phoenix
Saturday, August 8, 2026
7:30 A.M.–4:00 P.M. CST

Registration and Cancellation Deadline: July 28, 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.

DIETARY RESTRICTIONS

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

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.

PARKING

Hotel parking is $15/day. Complimentary Airport Shuttle is available from Phoenix Sky Harbor for hotel guests.

HOTEL RESERVATIONS

https://www.marriott.com/en-us/hotels/phxap-marriott-phoenix-airport/overview/

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 . . . . . $95 USD**

❑ **OTHER REGISTRANTS. . . . . $125 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

Cardholder's Address _____

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

Cardholder's Signature _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

_____ Name _____ Telephone Number