

**E
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EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

**In Partnership With:
Arizona Retinal Specialists**

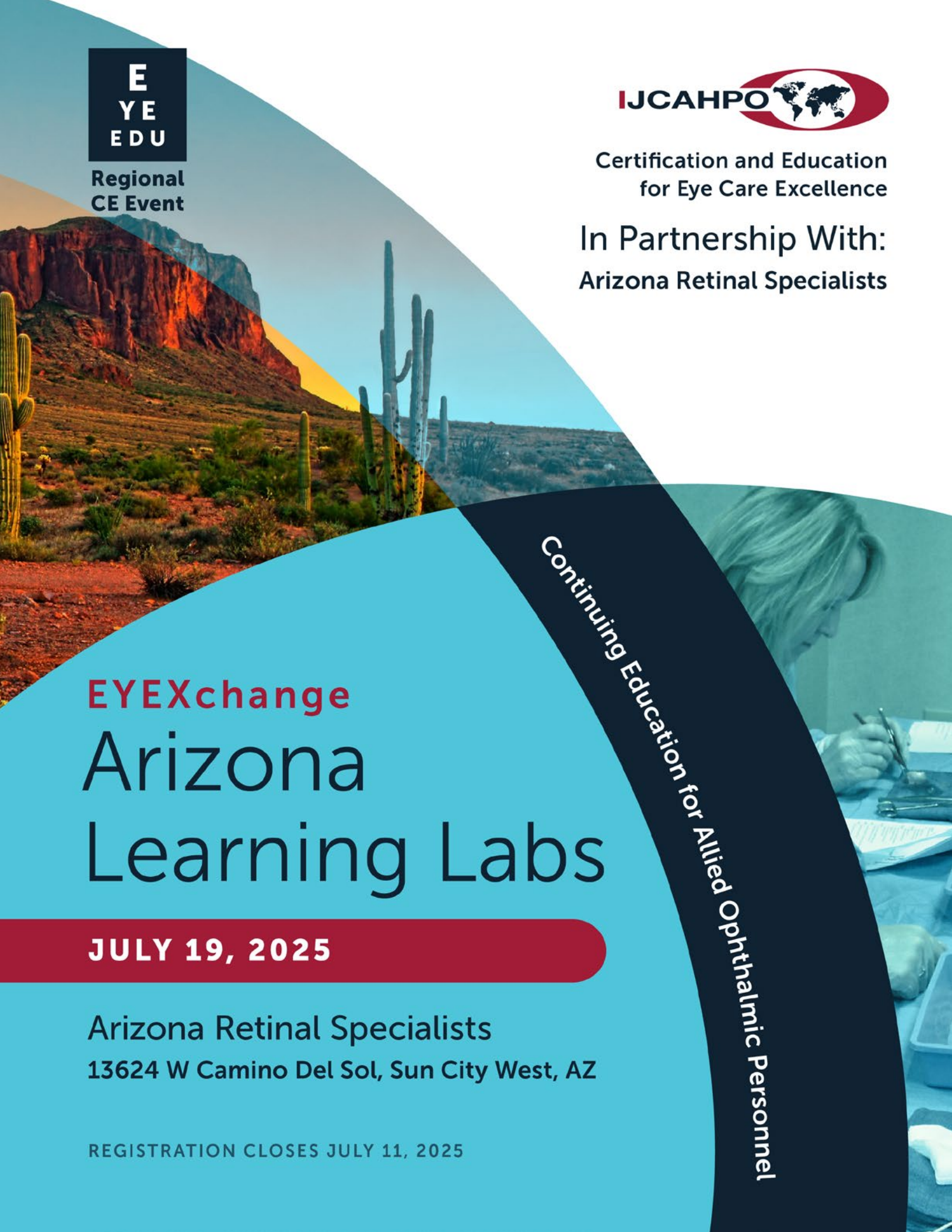
EYEXchange **Arizona** **Learning Labs**

JULY 19, 2025

Arizona Retinal Specialists
13624 W Camino Del Sol, Sun City West, AZ

REGISTRATION CLOSES JULY 11, 2025

Continuing Education for Allied Ophthalmic Personnel



EYEXchange Arizona | Saturday, July 19, 2025

Arizona Retinal Specialists

Mandi Conway, MD, FACS

Program Chair



Certification and Education for Eye Care Excellence

6 IJCAHPO CE credits

This program begins at 8:30 a.m. and concludes at 3:00 p.m. MST. Attendees will be assigned a group and each group will rotate labs throughout the day with a break from 11:30 a.m.–12:00 p.m. Each lab is an hour and a half long.

PREREQUISITES:

Attendees should have a basic understanding of optics and refractive errors. In addition, they should have a basic understanding of ultrasound and posterior segment conditions imaging with ultrasound. Attendees should have a working knowledge of the anatomy of an eye.

REFRACTION LEARNING LAB

Craig Simms, MEd, COMT, CDOS, ROUB and Co-instructors (1.5 IJCAHPO CE Credits)

This learning lab will examine the plus cylinder retinoscopy procedure, including the use of the retinoscope. A practice session using schematic eyes will provide opportunities to retinoscope myopic, hyperopic, and astigmatic eyes. In the second half, a review of plus cylinder refinement will be covered, including techniques to subjectively refine a patient's spectacle prescription. Advanced techniques such as the duochrome test and balancing will be illustrated.*

DISSECTION LEARNING LAB

Mandi Conway, MD, FACS and Resident Co-instructors (1.5 IJCAHPO CE Credits)

This learning lab will be a dissection of a pig eyeball. The instructor provides direction to dissect the eye and will discuss the anatomy and physiology of its external components, including the cornea, iris, ciliary body, zonular apparatus, crystalline lens, vitreous body, retina, choroid, and sclera.*

ANGIOGRAPHY LEARNING LAB

Mandi Conway, MD, FACS (1.5 IJCAHPO CE Credits)

This learning lab will examine fundus imaging using the retinal imaging instruments. There will be discussion on angiography techniques, including fluorescein and ICG preparation, the specialized filter used for angiography, and indications and contraindications for performing the tests. Attendees will have the opportunity to use the cameras and image each other.*

B-SCAN ULTRASOUND LEARNING LAB

Craig Simms, MEd, COMT, CDOS, ROUB (1.5 IJCAHPO CE Credits)

This learning lab will provide comprehensive hands-on training in the fundamental skills needed to perform a basic diagnostic B-scan examination of the eye. Terminology and basic principles of examination will be demonstrated. Techniques for utilizing B-scan to provide the physician with a detailed Echographic picture of the globe will be reviewed. Students will have the opportunity to perform B-scan evaluations on one another.*

**As a registrant, please be prepared to be involved in hands-on practice and remove contact lenses, if applicable.*

All times are Mountain Time.

Registration Form

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

EYEXchange Arizona
Saturday, July 19, 2025
8:30 A.M.–3:00 P.M. MST

Registration and Cancellation Deadline: July 11, 2025, 12:00 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.

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.

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.

DIETARY RESTRICTIONS

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

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 651-731-0410 (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)** **\$125**

☐ **OTHER REGISTRANTS (INDIVIDUAL)** **\$145**

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

TOTAL \$ _____

CONTINUING EDUCATION CREDITS

This program has been accredited for 6 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.

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) _____

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

Expiration Date _____

Cardholder's Zip Code _____

Cardholder's Signature _____