

EYEXchange Florida

Continuing Education for Allied Ophthalmic Personnel



Certification and Education
for Eye Care Excellence



Regional
CE Event



June 6–7, 2025

Waldorf Astoria Orlando

14200 Bonnet Creek Resort Ln
Orlando, FL 32821

Held in conjunction with the
**Florida Society of
Ophthalmology (FSO)**



Friday, June 6, 2025

Waldorf Astoria Orlando | Grand Ballroom II

Sarah Saile, COT

Program Chair



Certification and Education for Eye Care Excellence

7:30–8:00 a.m.

EXAM PREP REGISTRATION

8:00 a.m.–12:00 p.m.

COA CERTIFICATION EXAM PREP COURSE

Sarah Saile, COT

This course is designed to prepare the attendee for the IJCAHPO COA multiple-choice certification exam. This prep course will provide a general review of all content areas covered in the COA certification examination.

Prerequisite: Participants should have a basic knowledge of eye anatomy, physiology and comprehension of the COA examination content areas. A minimum of six months work experience in ophthalmology is helpful.

Disclaimer: Course material is based on the instructor's interpretation of the content areas outlined in the IJCAHPO Criteria for Certification. The instructors of this review course have no direct knowledge of the specific certification exam questions.

1:30–2:00 p.m.

LEARNING LAB REGISTRATION

2:00–4:00 p.m.

HEIDELBERG ENGINEERING INC. ANTERION LEARNING LAB (2 IJCAHPO CE Credits)

Rachel Jones, COT

IJCAHPO will offer ANTERION Learning Lab Presented by Rachel Jones and Sponsored by Heidelberg Engineering. Heidelberg Engineering Inc. ANTERION Learning Lab (4 Apps on 1 Instrument)

This 2-hour hands-on training, presented by Heidelberg Engineering Inc., will feature the ANTERION high-resolution swept-source OCT of the anterior segment. The lab will cover four different apps provided with the ANTERION:

- CATARACT App—comprising precise biometry for cataract and refractive surgery planning
- CORNEA App—unlocking total corneal power, pachymetry, and wavefront analysis
- METRICS App—defining angle parameters, anterior chamber volume, lens thickness, and vault
- IMAGING App—showcasing exceptional image quality

4:00 p.m.

ADJOURN

All times are Eastern Time.

7:30–8:00 a.m.

REGISTRATION

8:00–9:00 a.m.

EYELID MALPOSITIONS (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Charles Slonim, MD

This course will review the most common eyelid malpositions. Methods used to diagnose and surgically treat different types of eyelid malpositions will also be covered.

9:00–10:00 a.m.

INTUMESCENT AND MATURE CATARACTS (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Cristos Ifantides, MD

This course will teach critical preoperative skills for checking vision in non-traditional cataract evaluations. It will discuss potentially necessary preoperative studies, pertinent history to ask, surgical management and postoperative care.

10:00–10:15 a.m.

BREAK

10:15–11:15 a.m.

CONTACT LENS COMPLICATIONS (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Darby Miller, MD, MPH

This course will cover contact lens associated complications including, but not limited to, contact lens overwear and infectious keratitis.

11:15 a.m.–12:15 p.m.

ANTERIOR SEGMENT IMAGING IN GLAUCOMA (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Yazan Abubaker, MD

This course provides an overview of the latest imaging techniques for evaluating the anterior segment of the eye. Participants will learn about the principles, applications, and interpretation of various imaging modalities, including AS-OCT, ultrasound biomicroscopy, and Scheimpflug imaging. The course will cover the normal anatomy and common abnormalities of the anterior segment, with a focus on pathophysiologic changes in glaucoma.

12:15–1:00 p.m.

LUNCH (Provided in Central Park A–D)

1:00–2:00 p.m.

MACULAR DEGENERATION (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Shivani Kochhar, MD

This course offers a comprehensive overview of macular degeneration, covering the underlying pathophysiology and its functional impact on patients' daily lives. Participants will gain in-depth knowledge of current treatment approaches for both exudative and non-exudative age-related macular degeneration (AMD), as well as insight into ongoing clinical trials and emerging therapies.

2:00–3:00 p.m.

MANAGING PATIENTS AFTER EYE TRAUMA (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Basil Williams, Jr., MD

This course will go over the types of injuries that can develop in the eye due to trauma and highlight the approaches to examining these patients from the technician, nursing, and physician perspectives. It will also go over the methods of repair for these cases, long-term outcomes, and considerations for prevention in the future.

3:00–4:00 p.m.

LOOK HERE! THE SENSORIMOTOR EXAM IN KIDS (1 IJCAHPO CE Credit, CEP: CA BRN-1)

Tatiana Zanganeh, MD

Unique challenges, such as age, cooperation, and temperament, can limit one's ability to capture all components of the pediatric sensorimotor exam. Yet these are vital components to a child's visual development. In this course, we will review how to be efficient when testing visual acuity and motility in pre- and non-verbal kids, as well as how to interpret and document these findings in the medical record.

4:00 p.m.

ADJOURN

All times are Eastern Time.

Registration Form

Registration form may be duplicated. Please use one form per registrant.
All check payments must be in U.S. funds and drawn on a U.S. bank.

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Registration and Cancellation Deadline: May 30, 2025, 12:00 p.m. Central Time

REGISTER ONLINE at <http://store.jcahpo.org/calendarschedule.aspx> (preferred), or **MAIL** form and payment to IJCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125, or **FAX** completed form to 651-731-0410 (credit card orders only)

EYEXCHANGE FLORIDA

- ☐ IJCAHPO Certified\$150
☐ Other Registrants\$175
☐ COA Exam Prep Session (Friday):\$55
☐ Learning Lab (Friday):\$55

RECEPTION AND EXHIBIT HALL TICKETS

- ☐ Reception and Exhibit Hall Tickets (please specify):*
☐ Friday Reception and Exhibit Hall\$85
☐ Saturday Reception and Exhibit Hall\$85
☐ Please add a contribution to the
IJCAHPO Education and Research Foundation....\$ _____
TOTAL \$ _____

FSO Masters Program—Special Registration Notes

*Reception and exhibit hall tickets are NOT included in the program prices. If you are registered for the program, individual ticket pricing is \$85 for Friday night and \$85 for Saturday night.

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

CONTINUING EDUCATION CREDITS

This program has been accredited for 7 IJCAHPO CE Credits. 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.

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.

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.

RESERVATIONS

To make your room reservation in the FSO room block, please visit:
<https://book.passkey.com/go/WM025>

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. In the unlikely event that a course is unexpectedly cancelled on-site, IJCAHPO may provide attendees with a replacement online course that may include a quiz.

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 _____