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EDU**

**Regional  
CE Event**



**Certification and Education  
for Eye Care Excellence**

**VIRTUAL**

# Fall AOP Symposium

**SEPTEMBER 13–23, 2024**

REGISTRATION CLOSSES SEPTEMBER 11, 2024

Continuing Education for Allied Ophthalmic Personnel

Courses are available from Friday, September 13, 2024,  
at 8:00 a.m. CT through Monday, September 23, 2024 at 11:59 p.m. CT.  
Complete courses at your own pace, quiz free, and earn up to 7 IJCAHPO CE credits.

### **NAVIGATING DIFFICULT PATIENT INTERACTIONS**

**Sarah Saile, COT**

*.75 IJCAHPO CE Credit*

This course aims to provide tools and techniques to help technicians navigate difficult patient interactions, improve communication with patients, and provide an excellent customer service experience.

### **ADJUSTABLE IOL TECHNOLOGY**

**Nick Mamalis, MD**

*.75 IJCAHPO CE Credit*

Incorrect lens power following modern cataract surgery remains a problem. Surgeons need ways to change or adjust the power of an IOL. This course will describe presently available adjustable IOL technology as well as ongoing research in these technologies.

### **EVALUATION AND MANAGEMENT OF TEARING PATIENTS**

**John Nguyen, MD, and Bradley Thuro, MD**

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

This course will review the relevant anatomy and pathogenesis of nasolacrimal duct obstruction. It will also review the evaluation and management of epiphora.

### **PTOSIS: RED FLAG, RED HERRING, OR RED ALERT**

**Andrew Lee, MD, and Amina Malik, MD**

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

Ptosis can be myogenic, neurogenic, or neuromuscular junction in origin. Although some causes of ptosis (e.g., levator dehiscence) are benign, other causes are a red flag for underlying potentially life-threatening disease (red flag) and may be emergent (red alert).

### **DREADED MUSCLES!**

**Sherry Malone, COT, OSC**

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

This course will discuss tips and tricks to solve those tricky muscle questions.

### **CHEMODENERVATION FOR FUNCTIONAL AND COSMETIC TREATMENTS**

**Charles Slonim, MD**

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

The course will present the use of chemodenervation agents (e.g., Botox, Xeomin, Dysport, etc.) for the treatment of both debilitating functional conditions and diseases, as well as the treatment of undesired cosmetic facial lines. Both the conditions and the treatments will be described in detail.

### **EVERYTHING A CATARACT-REFRACTIVE TECHNICIAN NEEDS TO KNOW ABOUT RETINA**

**Michael Stewart, MD**

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

This course will cover the aspects of retinal diseases that are important for a technician in a cataract/refractive practice. Topics such as macular puckers/holes, cystoid macular degeneration, age-related macular degeneration, retinal detachments, and endophthalmitis will be discussed.

# Registration Form

Virtual Fall AOP Symposium

September 13–23, 2024

7 IJCAHPO CE Credits

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

**REGISTRATION AND CANCELLATION DEADLINE: SEPTEMBER 11, 2024, 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. Continuing education credits earned will be posted on your account at [www.jcahpo.org](http://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.*

Along with CE credits awarded by JCAHPO, 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 5 contact hours.

### 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, September 13, at 8:00 a.m. CT through Monday, September 23, 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](mailto:registrations@jcahpo.org), or visit [www.jcahpo.org](http://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 651-731-0410 (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?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Multiracial or Multi-ethnic |
| <input type="checkbox"/> Asian or Asian American          | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White or Caucasian                        | <input type="checkbox"/> 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 \_\_\_\_\_

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Credit Card Number

Cardholder's Address \_\_\_\_\_

Name as it appears on credit card (please print) \_\_\_\_\_

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

Cardholder's Signature \_\_\_\_\_