

**E
YE
EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

VIRTUAL

Glaucoma AOP Symposium

JUNE 7–17, 2024

REGISTRATION CLOSES JUNE 5, 2024

Continuing Education for Allied Ophthalmic Personnel

Courses are available from Friday, June 7, 2024,
at 8:00 a.m. CT through Monday, June 17, 2024 at 11:59 p.m. CT.

Complete courses at your own pace, quiz free, and earn up to 7.0 IJCAHPO CE credits.

ROLE OF THE OPHTHALMIC ASSISTANT IN OFFICE MANAGEMENT OF PATIENTS WITH GLAUCOMA

Neil Choplin, MD

1.0 IJCAHPO CE Credit

This course is designed to help the ophthalmic assistant understand the basic concepts of glaucoma as they apply to preparing the patient for examination. Appropriate screening questions and procedures, such as history taking, specifics of glaucoma medications, visual field testing, and optic nerve imaging (including new technology), will be discussed. The role of the ophthalmic assistant in patient education and support will also be discussed.

EVALUATION OF THE GLAUCOMA SUSPECT

Eydie Miller-Ellis, MD

1.0 IJCAHPO CE Credit

A glaucoma suspect is a patient whose clinical examination has some characteristics of glaucoma but not all the features required to make the diagnosis. The ophthalmic technician plays a major role in performing tests essential for evaluating these patients. This course will use a case presentation format to discuss the role of intraocular pressure, central corneal thickness, optic disc evaluation, and the various visual field programs in assessing these patients.

NEOVASCULAR GLAUCOMA

Carla Bourne, MD

1.0 IJCAHPO CE Credit

Neovascular glaucoma is a common but challenging condition that causes significant ocular morbidity. It is important to be able to efficiently triage and treat these patients since successful management is time-sensitive and requires a multi-discipline approach. Discussions will include underlying etiologies, diagnosis, and treatment strategies.

MYTHS IN GLAUCOMA CARE: MY OWN PERSPECTIVE

James C. Tsai, MD, MBA, FACS

1.0 IJCAHPO CE Credit

This lecture covers common myths and misconceptions in the care of patients with glaucoma.

ULTRASOUND BIOMICROSCOPY (UBM) IMAGING IN ANGLE-CLOSURE GLAUCOMA

M. Bernadete Ayres, MD, CDOS, ROUB

1.0 IJCAHPO CE Credit

This course will provide a comprehensive review of anterior segment imaging with UBM instruments and practical clinical uses to evaluate patients with angle-closure glaucoma. The course will be based on a practical approach using well-documented cases to help attendees perform and interpret UBM exams. During the course, attendees will review echographic anatomy, UBM examination techniques and the interpretation of features to accurately diagnose the mechanism of angle-closure.

GLAUCOMA MEDICATIONS

Cheryl Khanna, MD

1.0 IJCAHPO CE Credit

Knowledge of glaucoma medications is important due to their many ocular and systemic side effects. This course will review the glaucoma medication drug categories and their indications, side effects, and mechanisms of action.

MINIMALLY INVASIVE GLAUCOMA SURGERY (MIGS)

Jullia Rosdahl, MD, PhD

1.0 IJCAHPO CE Credit

This course will cover information that is important for ophthalmic technicians to know about MIGS, including an overview of the procedures, indications, and post-op information.

Registration Form

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

REGISTRATION AND CANCELLATION DEADLINE: JUNE 5, 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 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.

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, May 3, at 8:00 a.m. CT through
Monday, May 13, at 11:59 p.m. CT.

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

TOTAL \$ _____

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

- 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 Multi-ethnic
- 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.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Telephone Number _____

_____-_____-_____
Credit Card Number

Cardholder's Address

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

Name as it appears on credit card (please print)

Cardholder's Signature