

**E  
YE  
EDU**

**Regional  
CE Event**



**Certification and Education  
for Eye Care Excellence**

*Held in cooperation with*

**Baylor  
College of  
Medicine**

# **EYEXchange** **Houston**

**FEBRUARY 28, 2026**

**TMC3 Collaborative Building**  
**7255 Helix Park Avenue, Houston, TX 77030**

**REGISTRATION CLOSES FEBRUARY 17, 2026**

**Continuing Education for Allied Ophthalmic Personnel**



# EYEXchange Houston | Saturday, February 28, 2026

TMC3 Collaborative Building | Hermann Hall (2<sup>nd</sup> Floor)

**Bertha Beltran, COA**  
Program Chair



Certification and Education for Eye Care Excellence

**7 IJCAHPO CE Credits**

7:30–8:00 a.m.

## REGISTRATION

8:00–8:30 a.m.

## PROSPECTS FOR GENE THERAPY (0.5 IJCAHPO CE Credit)

*Timothy Stout, MD, PhD, MBA*

This lecture will cover recent advances in the treatment of various eye diseases by gene therapy. Attendees will better understand the influence of genes in eye disease, the mechanisms of in vivo gene transfer, and the successes and failures of gene therapy in ophthalmology.

8:30–9:00 a.m.

## FACIAL NERVE PALSY: TIME BOMB FOR THE EYE (0.5 IJCAHPO CE Credit)

*Richard Allen, MD, PhD, FACS*

The facial nerve innervates the orbicularis muscle, contraction of which closes the eye and protects it. The involvement of an ophthalmologist is mandatory in patients with facial nerve palsy due to the potential for visual loss in these patients. The purpose of this course is to review the work up of a patient with facial nerve palsy and also the management options for these patients.

9:00–10:00 a.m.

## PRESBYOPIA CORRECTING IOLS: ADVANCES AND CHALLENGES (1 IJCAHPO CE Credit)

*Douglas Koch, MD*

This course will present the current approaches and future possibilities for addressing presbyopia with cataract surgery.

10:00–10:15 a.m.

## BREAK

10:15 a.m.–11:15 p.m.

## UPDATES IN GLAUCOMA TREATMENT: MEDICAL AND SURGICAL (1 IJCAHPO CE Credit)

*Peter Chang, MD*

In this course, attendees will receive an overview of medical and surgical treatments for glaucoma, including drops, sustained drug delivery, laser, and surgeries. Newer treatments introduced within the last 5 years will be discussed to update the audience on the changing landscape in the treatment paradigm for glaucoma.

11:15–12:15 p.m.

## ANTERIOR SEGMENT TOPIC TBD (1 IJCAHPO CE Credit)

*M. Bowes Hamill, MD*

TBA.

12:15–1:00 p.m.

## LUNCH (LEVY CONFERENCE ROOM - 2<sup>ND</sup> FLOOR)

1:00–2:00 p.m.

## IT'S ALL FUN AND GAMES... A PRIMER ON STRABISMUS AND THE PEDIATRIC EXAM (1 IJCAHPO CE Credit)

*Honey Herce, MD*

Nervous about examining a child? Need a refresher on how to check for strabismus or document strabismus? This is the course for you. We will go over tips and tricks to examine a child at different ages, as well as the strabismus exam and how to document.

2:00–3:00 p.m.

## REFRACTION FOR AOP (1 IJCAHPO CE Credit)

*Craig Simms, MEd, COMT, ROUB, CDOS, CRT*

This course will cover plus cylinder retinoscopy and refinement. The optics behind the principles of plus cylinder retinoscopy will be covered followed by graphical examples of the procedures. The course will then move to the refinement part of the process showing methods utilizing Jackson's cross cylinder. The course will conclude with completing the refraction procedure with reading add, balancing techniques, and the duo chrome test.

3:00–4:00 p.m.

## CAN I REALLY SAVE A LIFE WITH AN OLCULOPLASTICS EVALUATION? (1 IJCAHPO CE Credit)

*Richard Allen, MD, PhD, FACS*

The oculoplastics evaluation is an integral part of the general ophthalmology work-up. The history and examination portion of the oculoplastics evaluation takes minutes to perform, and life-threatening conditions can be investigated. This course will discuss the oculoplastics evaluation so that it can be performed quickly and will review some of the life-threatening conditions that can be uncovered.

4:00 p.m.

## ADJOURN

*All times are Central Time.*

# Registration Form

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

**EYEXchange Houston**  
**Saturday, February 28, 2026**  
**8:00 A.M. – 4:00 P.M. CT**

## Registration and Cancellation Deadline: February 17, 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.

### 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.

### 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](http://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.**

### PARKING

Parking in the lot adjacent to the TMC3 Collaborative building is \$11 for the day payable upon exit from the facility. Address is 7255 Helix Park Ave, Houston, TX 77030

(map here: [https://www.helixpark.com/wp-content/uploads/2024/08/tmc-helix-park-map\\_empty-scaled.jpg](https://www.helixpark.com/wp-content/uploads/2024/08/tmc-helix-park-map_empty-scaled.jpg))

**\*Training Program: Students must be registered in an accredited training program to receive the \$99 pricing. Proof of current affiliation with a registered training program may be required.**

**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 (INDIVIDUAL)** ..... **\$135**

☐ **OTHER REGISTRANTS (INDIVIDUAL)** ..... **\$165**

☐ **OTHER (TRAINING PROGRAM\*)** ..... **\$99**

☐ **OTHER (BAYLOR EMPLOYEES)** ..... **\$65**

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

**TOTAL \$** \_\_\_\_\_

### 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.

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).

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 \_\_\_\_\_

### 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 \_\_\_\_\_