



Certification and Education for Eye Care Excellence

VIRTUAL

Imaging AOP Symposium

FEB 21-MAR 3, 2025

REGISTRATION CLOSES FEBRUARY 19, 2025

Continuing Education for Allied Ophthalmic Personnel

Imaging AOP Symposium



Certification and Education for Eye Care Excellence

Courses are available from Friday, February 21, 2025, at 8:00 a.m. CT through Monday, March 3, 2025, at 11:59 p.m. CT.

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

OPHTHALMIC ULTRASONOGRAPHY

Aparna Ramasubramanian, MD

0.5 IJCAHPO CE Credit

This course on ophthalmic ultrasound will describe the basic physics and technique to perform a comprehensive ophthalmic ultrasound. With the aid of case examples, it will describe the common pathologies and tips to differentiate conditions. The course will also introduce the concepts of newer ultrasound techniques such as color doppler and 3D ultrasound and their utility.

FLUORESCEIN, ICG, AUTOFLUORESCENCE AND OCT ANGIOGRAPHY

Mandi Conway, MD, FACS

1.0 IJCAHPO CE Credit

This course will describe the principles, procedure and anatomical interpretation of fluorescein angiography. It will also describe indocyanine green angiography and choroidal findings, autofluorescent fundus findings, and optical coherence tomography angiography.

ULTRASOUND IN OCULAR ONCOLOGY: LESION ASSESSMENT

Carmelina Trimboli, COA, CDOS

1.0 IJCAHPO CE Credit

This lecture will provide insight into evaluating elevated intraocular lesions with B-scan. Emphasis will be on how to measure lesions and identify common intraocular pathology.

FUNDAMENTALS OF SLIT LAMP IMAGING

Mark Maio. FOPS

1.0 IJCAHPO CE Credit

The slit lamp has grown in sophistication and versatility to become an indispensable extension of the clinical examination. Learning to use the slit lamp microscope can be a challengeusing it as a photographic tool even more so. The use of a digital slit lamp allows for immediate feedback of results to allow for correction of lighting, exposure and composition. This presentation will provide an overview of all three. Case studies will be used to illuminate these techniques. Presentations of common photographic entities will be given.

TOPOGRAPHY INTERPRETATION

William Trattler, MD

1.0 IJCAHPO CE Credit

Corneal topography is a critical diagnostic test used to evaluate patients prior to cataract and refractive surgery. Corneal topography is also an important test to diagnose patients with keratoconus and determine whether keratoconus is stable or progressive. Topography can be used to evaluate patients with keratoconus who have undergone crosslinking to determine whether the procedure has worked or requires a second procedure. Topography is also used to evaluate patients with EBMD, Salzman's and other corneal conditions.

FUNDUS PHOTOGRAPHY BASICS

Michelle Buck, COT

0.5 IJCAHPO CE Credit

This course will discuss the importance of fundus photography to monitor disease progression and document findings and provide tips for acquiring fundus photos.

ULTRAWIDE FIELD PHOTOGRAPHY

Jeremy Shaw, MD; Lupe Cisneros, COA; and Andrea Wong, MHA

1.0 IJCAHPO CE Credit

This course will provide an introduction to ultrawide photography. It will discuss current applications, tips for acquiring useful images and use in the management of diabetic retinopathy.

DIAGNOSTIC IMAGING

Gordon Carter. COMT

1.0 IJCAHPO CE Credit

This course will review different imaging tests and techniques that are used to assist your physician in making a diagnosis. Best practices to obtain the most accurate results will also be discussed.

Registration Form

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

Virtual Imaging AOP Symposium

February 21-March 3, 2025 7.0 IJCAHPO CE Credits

REGISTRATION AND CANCELLATION DEADLINE: FEBRUARY 19, 2025, 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, Feb 21, at 8:00 a.m. CT through Monday, Mar 3, 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, 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 iden	ntify most with?			
☐ American Indian or Alaska Native☐ Asian or Asian American	☐ Hispanic or Latino☐ Native Hawaiian or Other Pacific Islander		☐ Multiracial or Multi-ethnic☐ 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			IN CASE OF EMERGENCY, PLEASE NOTIFY:	
The following information is required to process credit card orders: A \$50 fee will be assessed for declined checks and declined credit cards.			Name	Telephone Number
- Credit Card Number		Cardholder's Address Name as it appears on credit card (please print)		
Security Code Expiration Da (3 or 4 digits on front or back of credit card)	ate Cardholder's Zip Code	Cardholder's Signature		