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Certification and Education  
for Eye Care Excellence

**VIRTUAL**

# Spring AOP Symposium

**APRIL 11–21, 2025**

REGISTRATION CLOSING APRIL 9, 2025

Continuing Education for Allied Ophthalmic Personnel

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

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

**DRY EYE UPDATE WITH FOCUS ON OCULAR  
MUCOUS MEMBRANE PEMPHIGOID**

**Joanne Shen, MD**

**1.0 IJCAHPO CE Credit**

Recent updates in dry eye and related ocular surface disease will be discussed. Ocular mucous membrane pemphigoid is a rare disease but can mimic dry eye. The diagnosis and management of OMMP in a multidisciplinary academic referral center will be discussed.

**PRESBYOPIA: EVERYTHING OLD IS NEW AGAIN!**

**Vasudha Panday, MD**

**0.75 IJCAHPO CE Credit**

For most of us, unless we actually find the fountain of youth, presbyopia is unavoidable. Fortunately, there are many alternatives for dealing with this inevitability. This course will discuss some of the standard methods of correction and some of the newer approaches to achieving clear vision at all distances. This course is intended for beginners and intermediate learners.

**OCULAR SURFACE MICROBIOME IN HEALTH AND  
DISEASE**

**Charles Bouchard, MD**

**0.50 IJCAHPO CE Credit**

This course will provide a basic understanding of the ocular surface microbiome (OSM) and its role in normal and diseased eyes.

**ADENOVIRUS, HERPES SIMPLEX AND HERPES  
ZOSTER ANTERIOR SEGMENT DISEASE**

**Francis Mah, MD**

**1.0 IJCAHPO CE Credit**

This course will present the clinical presentation, evaluation, management, and treatment of Adenovirus, Herpes Simplex and Herpes Zoster in terms of the anterior segment manifestations.

**BIOMETRY AND IOL CALCULATIONS**

**Jacqueline Whinery, COA, OCS**

**0.75 IJCAHPO CE Credit**

This course will discuss the role of biometry in IOL power calculations. Methods of evaluating quality and repeatability of measurements will be covered. Various IOL power calculation formulas and their applications will be discussed.

**OCULAR ONCOLOGY: WHAT DO WE NEED TO  
KNOW?**

**Basil K. Williams, Jr., MD**

**1.0 IJCAHPO CE Credit**

This course will highlight the most common intraocular tumors, discuss ways to identify these lesions with multimodal imaging, and highlight the available treatment options. We will also highlight how technicians, photographers and nurses can impact the patient's experiences.

**IRIS TUMORS 101**

**Komal Desai, MD**

**0.75 IJCAHPO CE Credit**

Attendees will gain an understanding of different lesions that present in the iris, the best way to evaluate them from the technician's standpoint and the management from a surgical standpoint.

**ESSENTIAL CLINICAL SKILLS FOR AOP**

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

**0.5 IJCAHPO CE Credit**

This course will review visual acuity testing, tonometry, and key ophthalmic math skills.

**TAILORING WORKUPS FOR EACH PATIENT**

**Bayleigh Nelson, COA**

**0.75 IJCAHPO CE Credit**

This course will cover tailoring the workup to fit the needs of each individual patient. Tips will be given for navigating difficult situations and achieving efficiency while prioritizing the patient experience.

# Registration Form

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

Virtual Spring AOP Symposium

April 11–21, 2025

7.0 IJCAHPO CE Credits

**REGISTRATION AND CANCELLATION DEADLINE: APRIL 9, 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](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.*

### 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, April 11, at 8:00 a.m. CT through  
Monday, April 21, 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](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?

☐ 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

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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)

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Expiration Date

\_\_\_\_\_  
Cardholder's Zip Code

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