

**E
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EDU**

**Regional
CE-Event**



**Certification and Education
for Eye Care Excellence**

Held in Conjunction With



**Texas
Ophthalmological
Association**

EYEXchange **Fort Worth**

MAY 20, 2023

**Embassy Suites by Hilton
Fort Worth Downtown**

600 Commerce Street, Fort Worth, TX 76102

REGISTRATION CLOSES MAY 10, 2023

Continuing Education for Allied Ophthalmic Personnel



7:30–8:00 a.m.	REGISTRATION: SYNERGY 1
8:00–9:00 a.m.	MEDICATION INJECTIONS AND OPHTHALMIC DISEASE (1 IJCAHPO CE Credit) <i>Michael Stewart, MD</i> Significant advances have been made in the medical treatment of ophthalmic diseases. The eye and adnexae are ideal depot sites that provide for high local potency with minimal extraocular adverse events. This course will discuss many of the conditions currently being treated with periocular and intraocular injections.
9:00–10:00 a.m.	DIVING AND THE EYE (1 IJCAHPO CE Credit) <i>Michael Stewart, MD</i> Artificial environments, such as occurs with flying and scuba diving, subject the eye and adnexae to unique forces and cause optical alterations. This course will discuss the challenges and risks to visual clarity and ocular health faced by those who dive.
10:00–10:15 a.m.	BREAK
10:15–11:15 a.m.	MY EYE! OCULAR TRAUMA FROM AN ANTERIOR SEGMENT PERSPECTIVE (1 IJCAHPO CE Credit) <i>Aaleya Koreishi, MD</i> This course will discuss the epidemiology and etiology of ocular trauma in general. With this general background, we will delve into the focused history, presentation and initial management when suspecting ocular injury from trauma. Ocular trauma can involve every aspect of the eye and orbit, but we will focus on the anterior segment. Presentation and management strategies for many anterior segment sites will be covered. Further discussion will address chemical and thermal injuries and their acute and chronic management strategies. Lastly, we will review the risks and prognosis of eyes sustaining ocular trauma.
11:15 a.m.–12:15 p.m.	UNDERSTANDING THE SLIT LAMP (1 IJCAHPO CE Credit) <i>Marianne Bell, COMT, OSC, OSA, RN</i> This course will cover the use and operation of the slit lamp biomicroscope. It will discuss the various types of illumination.
12:15–12:45 p.m.	LUNCH: ATRIUM
12:45–1:45 p.m.	CORNEAL ULCERS (1 IJCAHPO CE Credit) <i>Joanne Francis, MD</i> Corneal ulcers are one of the most common conditions we see in a cornea practice. In this course we will review common causes of corneal infections, symptoms that patients present with, how to diagnose (i.e., cultures) and treatments. We will also review patient cases with photos and discuss the decisions made for each patient's care.
1:45–2:45 p.m.	ULTRASOUND EVALUATION OF INTRAOCULAR TUMORS (1 IJCAHPO CE Credit) <i>Maru Bretana, CDOS</i> The class will explain how to assess the intraocular tumors using ultrasound. The ultrasound features of the most common benign and malignant intraocular tumors and how to perform plaque localization will be discussed. It will also identify measurements that can help during plaque placement and during the intraocular biopsy.
2:45–3:45 p.m.	MITIGATING RISKS OF ENDOPHTHALMITIS CLAIMS (1 IJCAHPO CE Credit) <i>Jane Mock, CPHRM</i> Case studies will illustrate how failure to diagnose and treat endophthalmitis promptly can have a devastating impact on vision, as well as lead to malpractice claims. Practices can support patient safety and prevent the chance of a malpractice claim by implementing the risk management strategies presented in this course.
3:45 p.m.	ADJOURN

All times are Central

Registration Form

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

EYEXchange Fort Worth
Saturday, May 20, 2023
7:30 A.M. - 3:45 P.M. CST

Registration and Cancellation Deadline: May 10, 2023, 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.

CONTINUING EDUCATION CREDITS

IJCAHPO and CA BRN continuing education credits have been approved for this meeting. 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 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.

RESERVATIONS

To reserve your room, call 1-817-332-6900

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 Multiethnic |
| <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 _____

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

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)

I wish to register for:

All check payments must be in U.S. funds and drawn on a U.S. bank.

IJCAHPO CERTIFIED (INDIVIDUAL) **\$140 USD**

OTHER REGISTRANTS (INDIVIDUAL) **\$175 USD**

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

TOTAL \$ _____



INTERNATIONAL JOINT COMMISSION ON ALLIED
HEALTH PERSONNEL IN OPHTHALMOLOGY®

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General Information

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

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 notification of need.

RESERVATIONS

To reserve your room, call 1-817-332-6900.

VACCINATION AND MASK PROTOCOLS

IJCAHPO is committed to keeping your health and safety a priority. IJCAHPO continues to follow all health and safety guidelines and attendees/staff will be required to comply with all Center for Disease Control (CDC) protocols. **IJCAHPO follows the most current CDC guidelines and has the right to update our requirements accordingly.**

IJCAHPO will no longer require proof of vaccination or negative COVID test.

Important note: All attendees voluntarily assume all risks related to exposure to COVID-19 when attending IJCAHPO meetings and events. All program participants will be required to follow all local and hotel protocols. For current and more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

MASKS

IJCAHPO strongly recommends that attendees wear masks regardless of any local regulations and mandates.

VACCINATIONS

IJCAHPO recommends that all meeting participants, including staff, exhibitors, and guests:

1. Be fully vaccinated for COVID-19; and
2. Take a COVID-19 test within 48 hours of the program start that shows a negative result.

For more information, visit:

<https://jcahpo.co/meetingvaccinationandmaskprotocols>

***Disclaimer:** IJCAHPO reserves the right to change its meeting and vaccination policy based on current local and CDC guidelines.