

**E  
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EDU**

**Regional  
CE Event**



**Certification and Education  
for Eye Care Excellence**

*Held in cooperation with*



Continuing Education for Allied Ophthalmic Personnel

# **46TH ANNUAL** Utah Ophthalmic Technician Program

**JANUARY 31, 2025**

**Utah Cultural Celebration Center  
1355 W 3100 S, West Valley City, Utah 84119**

REGISTRATION CLOSING JANUARY 24, 2025

7:30–8:00 a.m.

## REGISTRATION

8:00–9:00 a.m.

### THE FUTURE OF CATARACT SURGERY (1 IJCAHPO CE Credit)

*Kendall Donaldson, MD*

This course will describe the ten most important innovations that will drive the future of cataract surgery. The increase in the elderly population needing cataract surgery and the changes that will be required to best care for these patients will be discussed. Finally, the future of IOL technology and presbyopia correction will be explored.

9:00–10:00 a.m.

### OPHTHALMIC PATHOLOGY FOR AOP (1 IJCAHPO CE Credit, CEP: CA BRN-1)

*Nick Mamalis, MD*

This course will review the basics of ophthalmic pathology for technicians. The most common ocular lesions will be presented with clinical photos. The pathological findings from these lesions will then be presented, followed by a discussion of the salient points to be gained from the review of the pathology.

10:00–10:15 a.m.

## BREAK

10:15–11:15 a.m.

### KEY ELEMENTS OF RISK MANAGEMENT IN SURGERY: INFORMED CONSENT, SURGICAL SAFETY CHECKLISTS, AND DOCUMENTATION (1 IJCAHPO CE Credit)

*Jeannette Domask*

This course will discuss the importance of informed consent, the surgical safety checklist, and the significance of documentation. We will discuss informed consent with case examples along with the purpose, process, elements, exceptions, and considerations to highlight points. The surgical safety checklist ties into the informed consent and is used by the surgical team to ensure the right patient, right procedure, and right site during surgery.

11:15 a.m.–12:15 p.m.

### APPROACH TO IOL SELECTION, PREMIUM LENSES, AND GLAUCOMA (1 IJCAHPO CE Credit)

*Robert T. Chang, MD*

This lecture will explore cataract surgery intraocular lens (IOL) options, focusing on trifocal and extended depth of focus (EDOF) lenses, with consideration of astigmatic correction. It will cover the patient evaluation process, cataract eye exams, diagnostic testing, IOL selection, and expected outcomes, including tailored recommendations for patients with early glaucoma.

12:15–1:00 p.m.

## LUNCH

1:00–2:00 p.m.

### CLINICAL RESEARCH FOR OPHTHALMIC TECHNICIANS (1 IJCAHPO CE Credit, CEP: CA BRN-1)

*Lexi Guild, COT, CRC*

This course will review the roles and responsibilities of technicians involved in clinical research. It will introduce the various phases of research, diagnostic testing, GCP and ALCOA, different types of study design, and why research is important. Recruitment and retention strategies will also be covered.

2:00–3:00 p.m.

### OPHTHALMIC ULTRASOUND (1 IJCAHPO CE Credit, CEP: CA BRN-1)

*Roger Harrie, MD*

This course will introduce participants to the basic principles of ophthalmic ultrasound and review clinical applications.

3:00–4:00 p.m.

### TUMORS OF THE EYELIDS AND ORBIT: DIAGNOSIS AND MANAGEMENT (1 IJCAHPO CE Credit, CEP: CA BRN-1)

*Douglas Marx, MD*

This course will provide an update on eyelid and orbital tumors, including steps in evaluation and management.

4:00 p.m.

## ADJOURN

*All times are Mountain time.*

# Registration Form

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

**EYEXchange Utah**  
**Friday, January 31, 2025**  
**8:00 A.M.–4:00 P.M. MT**

## Registration and Cancellation Deadline: January 21, 2025, 12:00 p.m. CT

### 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.

### 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.**

Along with CE credits awarded by IJCAHPO, each course lists contact hours awarded by the California Board of Registered Nursing (CA BRN), if applicable. Provider approved by the California Board of Registered Nursing, Provider Number 13516, for 4 contact hours.

### 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.

**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.*

☐ **TECHNICIAN FROM UOS MEMBER OFFICE . . . . . \$190**

☐ **IJCAHPO CERTIFIED (INDIVIDUAL) . . . . . \$205**

☐ **OTHER REGISTRANTS (INDIVIDUAL) . . . . . \$230**

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

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

### SPECIAL ACCOMMODATIONS/MEAL REQUESTS

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.

***If you have a disability and require special classroom accommodations, please append a statement regarding your disability-related needs. We cannot ensure the availability of appropriate accommodations without prior notification of need.***

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 Multiethnic

☐ 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

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Name as it appears on  
credit card (please print)

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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