

**E
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EDU**

**Regional
CE Event**



**Certification and Education
for Eye Care Excellence**

Continuing Education for Allied Ophthalmic Personnel

VIRTUAL

Winter AOP Symposium

JANUARY 17–27, 2025

REGISTRATION CLOSES JANUARY 15, 2025

**Courses are available from Friday, January 17, 2025,
at 8:00 a.m. CT through Monday, January 27, 2025 at 11:59 p.m. CT.**

Complete courses at your own pace, quiz free, and earn up to 7 IJCAHPO CE credits.

TRIAGE: WHAT ARE THE MOST IMPORTANT QUESTIONS?

Michelle D. Willis, COMT, OSC, (F)ATPO
0.5 IJCAHPO CE Credit

This course will provide an overview of the most important questions to ascertain how emergent, urgent, or really just routine the eye issue is and how to schedule the patient in an appropriate manner.

HEALTHY VISION: EQUIPPING AND EMPOWERING TECHNICIANS

Mark Wilkinson, OD
1 IJCAHPO CE Credit

As members of the frontline of eye care teams, ophthalmic technicians can positively impact the lives of individuals who are visually impaired by helping them understand the options that are available to help them with reading, activities of daily living, and even driving.

INTRODUCTION TO THE SLIT LAMP

Craig Simms, BSc, COMT, CDOS, ROUB
1 IJCAHPO CE Credit

This course will provide an introduction to the use of a slit lamp biomicroscope. It will review the parts of the slit lamp, examination techniques, examples of different lighting techniques, and anterior chamber depth assessment.

FRONT OFFICE SUPER STAFF

Christine McDonald, COE, COA, ROUB, OSC
0.5 IJCAHPO CE Credit

The front office staff lays the foundation of customer service, clinic flow, and initiating insurance and patient payment processes. This course will provide information on the essentials for front-office success.

RED FLAGS IN HISTORY TAKING

Anderson Brock, BS, COMT, CME
(course written by Michelle Willis, COMT, OSC, (F)ATPO)
1 IJCAHPO CE Credit

This course will outline questions and examples of answers from the patient that should alert you as the history taker to be more specific with your history and possible testing of the patient. The objective is to make you more aware of possible red flags in the patient's history that may need further exploration. A good historian knows when to cut to the chase and when to expand the history taking in order not to miss something that could be medically significant.

MEDICAL ETHICS

Hon-Vu Q. Duong, MD, SFHEA
1 IJCAHPO CE Credit

This course will discuss the definition of medical ethics, the scope of ethics in medical practice, theories and principles of ethics, and the professional duties associated with ethics.

SCRUB-A-DUB-DUB ASEPTIC TECHNIQUES FOR THE OPHTHALMIC TECH

Jennifer J. Boush, COT (Ret)
1 IJCAHPO CE Credit

This course will introduce Allied Ophthalmic Personnel (AOP) to aseptic techniques, patient surgical prep, ophthalmic instrumentation, and supplies for the in-office and operating rooms.

UNDERSTANDING OPHTHALMIC EFFECTS OF CHRONIC DISEASE

Michael Stewart, MD
1 IJCAHPO CE Credit

This course will discuss the relationship between the eye and important chronic diseases. Eyes have often been called the "window" to the rest of the body, a tribute to the many systemic diseases whose ocular findings can lead to accurate diagnoses. This course will review the ocular findings and their frequent association with chronic diseases.

Registration Form

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

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January 17–27, 2025

7 IJCAHPO CE Credits

REGISTRATION AND CANCELLATION DEADLINE: JANUARY 15, 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 cancelled registration to cover a portion of the costs IJCAHPO incurs.

Continuing Education Credits

This program has been accredited for 7 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**

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Monday, January 27, 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, 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 identify most with?

☐ American Indian or Alaska Native

☐ Hispanic or Latino

☐ Multiracial or Multi-ethnic

☐ Asian or Asian American

☐ Native Hawaiian or Other Pacific Islander

☐ 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

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