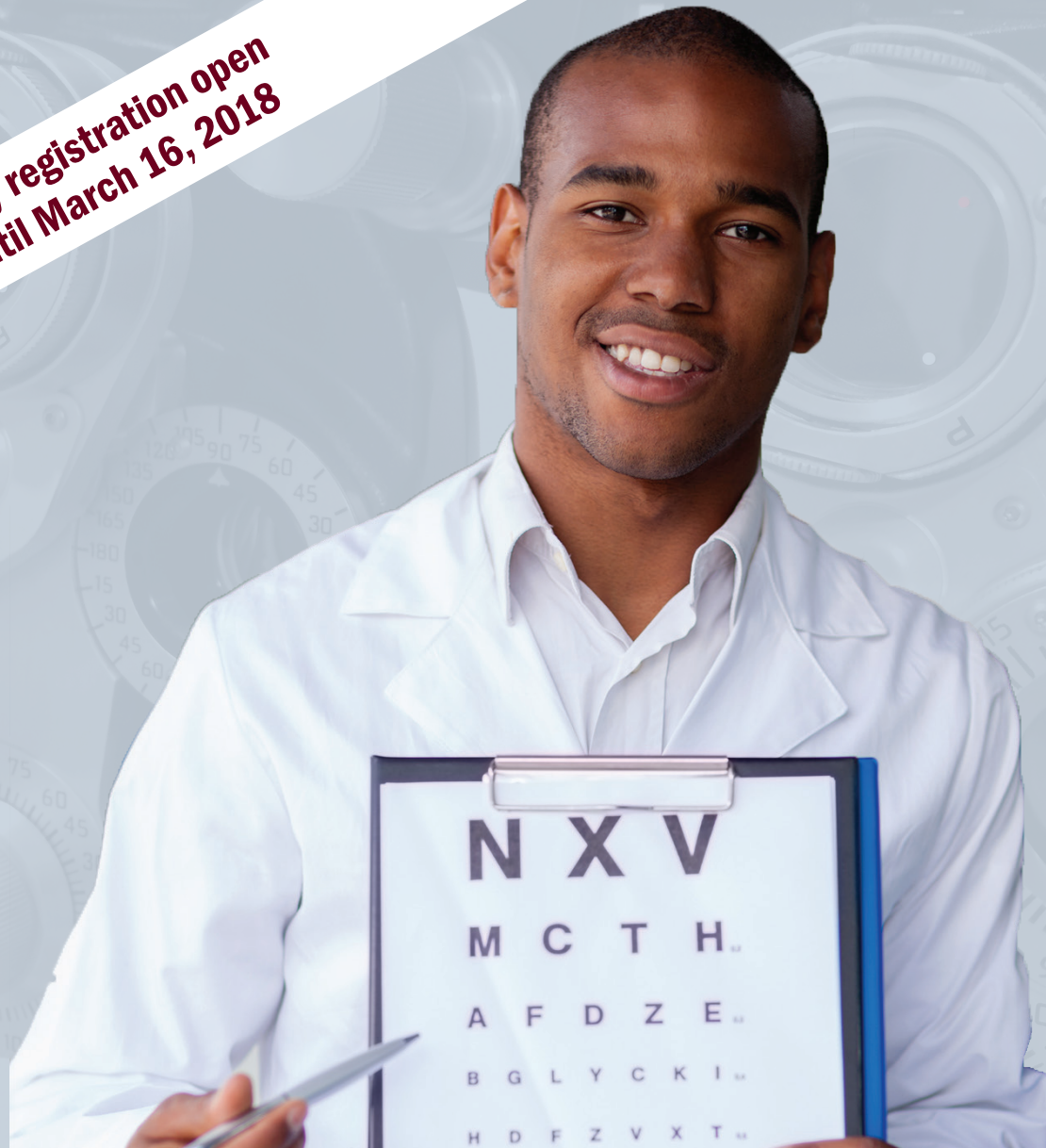


# Continuing Education

for Allied Ophthalmic Personnel

Rochester, MN

Early registration open  
until March 16, 2018



**Certification and Education for Eye Care Excellence**

**Saturday, April 7, 2018**

**Mayo Clinic, Harold W. Siebens Medical Education Building  
Phillips Hall, First Floor, 200 Second Avenue SW, Rochester, MN 55905**

*Held in conjunction with the Mayo Clinic, Department of Ophthalmology*

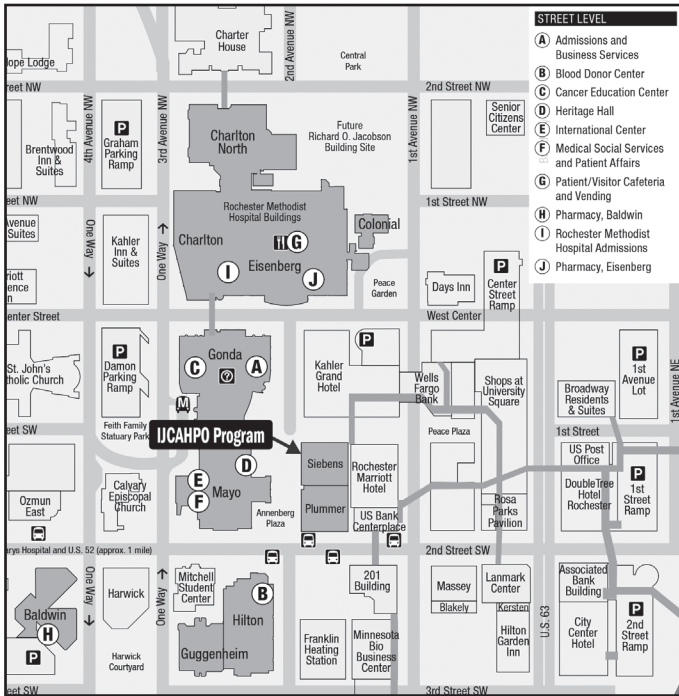
- 7:30-8:00 a.m.      **REGISTRATION: PHILLIPS HALL**
- 8:00-8:50 a.m.      **COMMON FORMS OF STRABISMUS IN THE PEDIATRIC POPULATION**  
*Laura Torrado Cobian, MD*  
This course will define strabismus and describe the common forms of strabismus in children. A brief explanation of how to measure the types of deviation, along with the importance of good measurements prior to treatment will be given.
- 8:50-9:40 a.m.      **NEURO-OPHTHALMIC EMERGENCIES**  
*John Chen, MD, PhD*  
This presentation will use a case-based approach to review neuro-ophthalmic emergencies. The typical presentation of these conditions will be discussed along with diagnosis and treatment.
- 9:40-9:55 a.m.      **BREAK**
- 9:55-10:45 a.m.      **EXAMINATION OF CHILDREN WITH COMPLEX OCULAR DISEASE**  
*Erick Bothun, MD*  
This course will discuss the evaluation of children with unusual and complex eye conditions. Areas of emphasis will include taking a history and review of systems, evaluating eye alignment and documenting anterior segment features. The implications for these steps in the examination and work up of a child will be stressed.
- 10:45-11:35 a.m.      **STEROID EYE INJECTIONS: UP HIGH, DOWN LOW, IN THE MIDDLE**  
*Justin Yamanuha, MD*  
This course will give attendees an understanding of different names, types, and routes of periocular and intraocular steroid injections.
- 11:35 a.m.-12:20 p.m.      **LUNCH**
- 12:20-1:10 p.m.      **EVALUATING PUPIL FUNCTION: THREE ESSENTIAL STEPS**  
*Aaron Shukla, PhD, COMT*  
This course will discuss the neuroanatomy of pupil pathways, efferent defects (sympathetic and parasympathetic), afferent defects, and three essential steps in evaluating pupil function and identifying defects.
- 1:10-2:00 p.m.      **PATIENT COMMUNICATION FOR REALISTIC EXPECTATIONS**  
*Pamela Cree-Miller, ABOM*  
*Amy Nelson, ABOC*  
Communication is key, especially in today's practice. Communication style will make sure your patient has realistic expectations when filling their prescription and picking up their eyewear products.
- 2:00-2:15 p.m.      **BREAK**
- 2:15-3:05 p.m.      **DRY EYE: AN OVERVIEW**  
*Cherie Nau, OD*  
This course will describe types of dry eye, contributing factors and clinical evaluation. It will also review treatment options.
- 3:05-3:55 p.m.      **MINIMALLY INVASIVE GLAUCOMA SURGERY**  
*Elena Bitrian, MD*  
This course will provide an overview of the current surgical techniques on minimally invasive glaucoma surgery (MIGS). The different surgeries will be classified according to the approach to perform the surgery and the mechanism that the technique targets in order to decrease intraocular pressure. The course content will include images and videos.

# Registration Form

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

Minnesota Continuing Education Program  
Saturday, April 7, 2018

## Registration and Cancellation Deadline: March 28, 2018



### Registration

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

#### BY MARCH 16\*

##### EARLY Individual Registration:

- IJCAHPO Certified or ATPO Member (non-Mayo employees) ..... \$95
- Mayo Health System Employee\*\* ..... \$20
- Students\*\*\* ..... \$25
- Other registrants..... \$105

\*\* Mayo Health Systems employees must provide documentation (name badge and/or contact information to receive the discount.)

\*\*\* To receive the student rate, a registrant must submit a letter on school/program letterhead stating they are a student.

##### EARLY Group Registration (3 or more):

- IJCAHPO Certified or ATPO Member (non-Mayo employees) ..... \$85
- Other registrants..... \$95

#### ON OR AFTER MARCH 17

##### Individual Registration:

- IJCAHPO Certified or ATPO Member ..... \$145
- Other registrants..... \$155

##### Group Registration (3 or more):

- IJCAHPO Certified or ATPO Member ..... \$135
- Other registrant..... \$145
- One year ATPO Membership..... \$75

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

\*Must be postmarked before date.

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

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#/ATPO Member#/Government Facility \_\_\_\_\_ 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 \_\_\_\_\_

#### PAYMENT INFORMATION

Check enclosed (payable to JCAHPO; U.S. Funds)  VISA  MasterCard  Discover  American Express

The following information is required to process credit card orders:

Credit Card Number \_\_\_\_\_ Security Code (3 or 4 digits on front or back of credit card) \_\_\_\_\_ Expiration Date \_\_\_\_\_ Cardholder's Zip Code \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Name as it appears on credit card (please print) \_\_\_\_\_

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

IN CASE OF EMERGENCY, PLEASE NOTIFY:	
Name _____	Telephone Number _____



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## Continuing Education Program for Allied Ophthalmic Personnel

**April 7, 2018**  
**Rochester, MN**

Featuring the  
largest library of  
online CE courses  
for your entire  
eye care team.

[eyecarece.org](http://eyecarece.org)

## General Information

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).

### HANDOUTS

A link to course handouts will be e-mailed to registrants one week 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. ATPO memberships are non-transferable and non-refundable.

### 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](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**

### LOCATION

Mayo Clinic  
Harold W. Siebens Medical Education Building  
Phillips Hall, First Floor  
200 Second Avenue, SW  
Rochester, MN 55905

The  
Premier  
Event in  
Eye Care  
Education



**SAVE THE DATE!**

**46th Annual Continuing  
Education Program**

**October 26 - 28, 2018**

Hyatt Regency Chicago

For information go to [www.JCAHPO.org/ACE](http://www.JCAHPO.org/ACE)

