JCAHPO Education and
Research Foundation, Inc.
2025 Woodlane Drive
St. Paul, Minnesota 55125-2998
651-731-2944 800-284-3937
E-mail: foundation@jcahpo.org

Attend the 54th Annual Continuing Education (ACE) Program for FREE!

The IJCAHPO Education and Research Foundation is pleased to announce scholarship opportunities for the 54th Annual Continuing Education (ACE) Program!

This year, more than 20 scholarships will be awarded to **certified allied ophthalmic** professionals through the following programs:

Raymond Stein MD, FRCSC Scholarship (5)

Rebecca Stein MD, FRCSC Scholarship (5)

Michelle P. Herrin, COMT Scholarship (4)

IJCAHPO Staff Scholarship (3)

Douglas D. Koch, MD Scholarship (1)

Jennie B. Busch Scholarship (1)

Tyree Carr, MD Scholarship (2)

Phil H. Weber Memorial Scholarship (1)

Each scholarship will cover the recipient's full ACE 2026 registration fee, including access to the virtual course program through November 5, 2026. **Applications must be submitted by Thursday, September 10th.**

Scholarship recipients will have the opportunity to earn more than 40 continuing education credits at no cost. Recipients or their employers will be responsible for travel and hotel expenses.

Don't miss this opportunity to expand your knowledge, advance your professional development by earning CE credits, and connect with fellow ophthalmic professionals at **ACE 2026**!

APPLICANT INFORMATION

Full Name: _____ IJCAHPO ID: _____

Certification(s): _____

What race or ethnicity do you identify with? (Select all that apply.)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic, Latino/a, or Spanish origin
☐ Middle Eastern or North African
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Another race or ethnicity:
_____
☐ Prefer not to answer

Contact Information

Preferred Mailing Address: _____

Phone Number: _____ Email: _____

Employment Status: ☐ Employed ☐ Not Employed

Applicant Statements

Please provide your statement of financial need. Limit your response to 200 words or less.

_____

_____

Please explain why attending the 54th Annual Continuing Education (ACE) Program is important to you. Limit your response to 200 words or less.

_____

_____

_____

SIGNATURE

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that if I misrepresent my need for financial assistance, I may be required to repay any funds and/or credits received through this scholarship.

Signature: _____ Date: _____

IMPORTANT INFORMATION

Selection of recipients is completed by the Foundation Scholarship Committee. As soon as a determination has been made, we will notify you of your status. The Board of Directors of the JCAHPO Education & Research Foundation has full discretion concerning the recipient's award and their decision is final. The applicant's age, sex, religion, and race shall not be considered. The cooperation of recipients shall be expected in facilitating the publication of a news release and/or article in a newsletter. **Where applicable, Candidates may be selected based on a contributor or benefactor's restriction of a gift to a particular geographical location or area of interest.**

Applications must be completed and signed, including all required information as requested on the application. By signing the application, the applicant gives the Scholarship Committee permission to investigate and verify all information provided and agrees to provide such information as the committee may request to properly evaluate the application for funding.

All applicants will be informed of status of application via e-mail.

Applications must be postmarked by the deadline date of **September 10, 2026**. A person may receive only one (1) JCAHPO grant ever and are not eligible to apply if they have received a grant from the JCAHPO Education and Research Foundation. (PLEASE NOTE: This includes IJCAHPO CE and Stein Scientific Paper).

CLINIC OR SPONSOR TRAVEL SUPPORT

Please indicate whether the applicant has support from their clinic or sponsoring ophthalmologist to travel to and attend the ACE 2026 on-site program.

☐ The applicant has support from their clinic or sponsor to travel to the event.

☐ The applicant does not have support from their clinic or sponsor to travel to the event.

If the applicant does not have support, please briefly explain the reason:

_____

_____

SPONSORING OPHTHALMOLOGIST ENDORSEMENT: Please check ONE of the following:

☐ The applicant works under my direct supervision.

☐ The applicant has my sponsorship. (The sponsoring ophthalmologist attests that he/she knows the individual applicant, certifies that the individual is knowledgeable and skilled in the field, and that the individual is working within established IJCAHPO guidelines for allied ophthalmic personnel.)

I am an ophthalmologist licensed to practice medicine in:

Licensure Information

State or Province: _____ License Number: _____

Sponsor Authorization

Sponsor's Signature: _____ Date: _____

Sponsor Information

Sponsor's Name: First _____ M.I. ___ Last _____

Clinic Name: _____

Clinic Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Email: _____

RELEASE AND AUTHORIZATION FOR USE OF NAME AND QUOTATIONS

I, _____ ("Originator"), authorize the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), located at 2025 Woodlane Drive, St. Paul, MN 55125-2998 ("Organization"), to use and publish:

- My name; and
- Quotations or statements I have provided.

I understand that IJCAHPO may use this material in connection with its publications, promotional materials, educational materials, websites, social media, and other communications.

I grant this authorization without expectation of payment or other compensation. I release IJCAHPO and its officers, directors, committee members, employees, agents, and assignees from claims arising from the authorized use of my name and quotations, including claims of libel, slander, or invasion of privacy.

By signing below, I confirm that I have read and agree to the terms of this release.

Printed Name: _____

Signature: _____

Date: _____

SUBMIT

To use the "Submit" button, please open this PDF in Adobe and save the completed form to your computer before clicking submit.

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