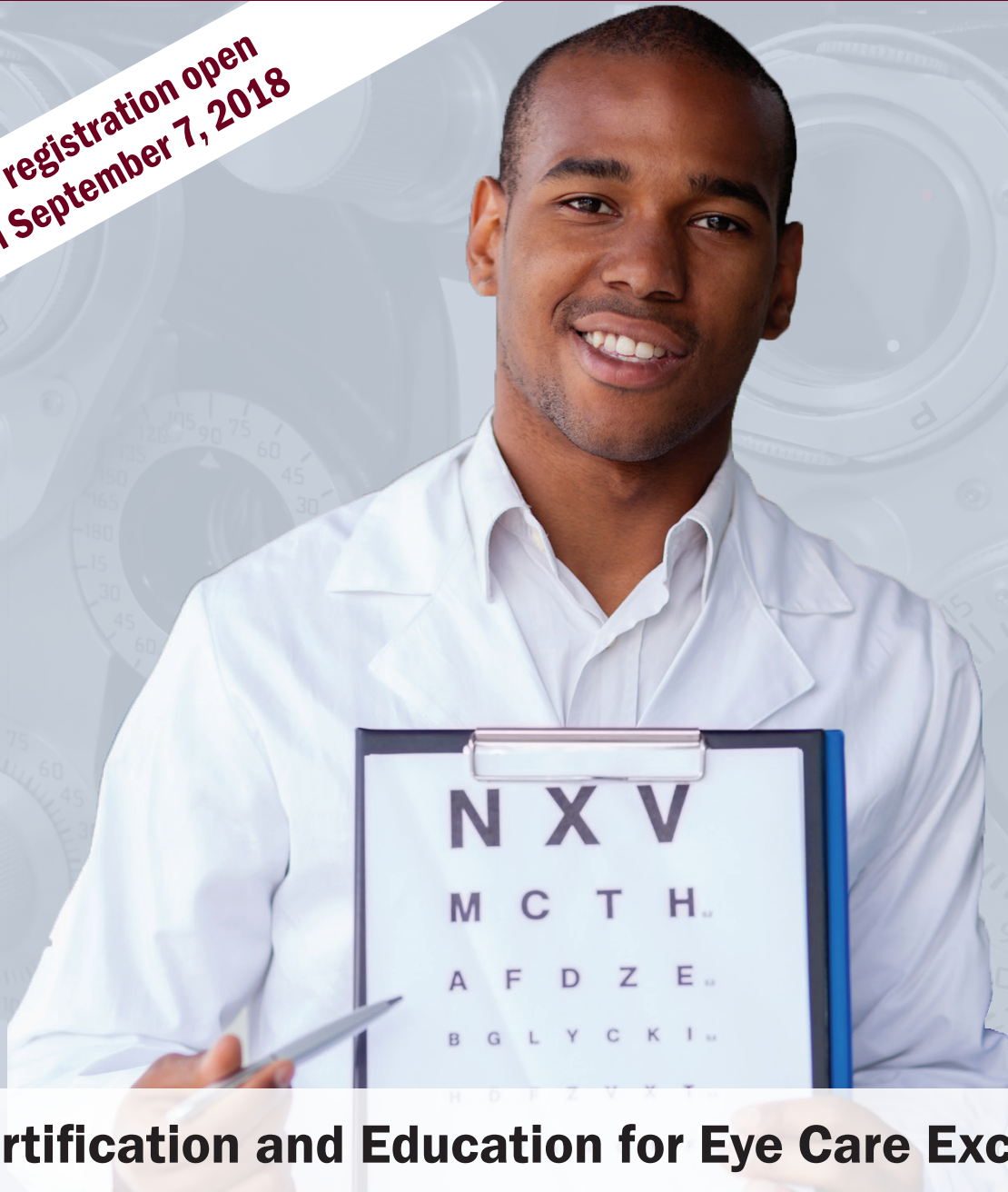


Continuing Education

for Allied Ophthalmic Personnel

Greensboro, NC

Early registration open
until September 7, 2018



Certification and Education for Eye Care Excellence

Friday, Sept. 21 and Saturday, Sept. 22, 2018

Grandover Resort & Conference Center • 1000 Club Road • Greensboro, NC 27407

*Held in conjunction with the
North Carolina Society of
Eye Physicians and Surgeons*



12:00-12:30 p.m.	REGISTRATION AND CLASSROOM: GRANDVILLE C
12:30-1:30 p.m.	DIABETES AND RETINOPATHY <i>Michael Stewart, MD</i> This course will provide a broad overview of diabetes mellitus followed by a detailed discussion (epidemiology, pathophysiology, symptoms and signs, treatment) of diabetic retinopathy.
1:30-2:30 p.m.	CO-MANAGEMENT LIABILITY EXPOSURES AND RISK MANAGEMENT STRATEGIES <i>Hans Bruhn, MHS</i> This course will identify the medical malpractice liability risk exposures associated with patient co-management and how to mitigate those patient safety issues.
2:30-2:45 p.m.	BREAK
2:45-3:45 p.m.	UNDERSTANDING IOL CALCULATIONS <i>Alan Carlson, MD</i> This course addresses the evolution and practical application of IOL calculations. It will discuss how to use and adjust various IOL formulas. Detecting pitfalls, errors, and inconsistencies makes your practice more reliable and efficient.
3:45-4:45 p.m.	SURGICAL PROCEDURES FOR CORNEAL DISORDERS <i>Peter Donshik, MD</i> This course will review the various disorders that can affect the cornea and cause visual impairment. A discussion of corneal dystrophies and degenerations, their similarities and differences, as well as examples of each, will be presented. The appropriate surgical procedure for these disorders will be described.
4:45 p.m.	ADJOURN
5:45-7:15 p.m.	RECEPTION Welcome Reception in Grandville AB. Free to meeting attendees only



**Join us for The Premier Event
in Eye Care Education!**

October 26-28, 2018 at the Hyatt Regency Chicago

www.jcahpo.org/ace



**46th
Annual
Continuing
Education
Program**

7:00-8:00 a.m.	CONTINENTAL BREAKFAST: GRANDVILLE AB REGISTRATION AND CLASSROOM: GRANDVILLE C
8:00-8:50 a.m.	THE RELATIONSHIP BETWEEN REFRACTIVE ERRORS AND THE RETINA <i>Michael Stewart, MD</i> High magnitude refractive errors usually correlate with the eye's axial length and both abnormally long (myopia) and short (hyperopia) axial lengths predispose to the development of pathologic retinal conditions. High myopia is associated with myopic maculopathy, tilted disc, and retinal tears and detachments. High hyperopia is associated with choroidal folds and uveal effusions. This course will discuss many of these conditions from a clinical perspective.
8:50-9:40 a.m.	OPTIMIZING PATIENT FLOW FOR TECHNICIANS <i>Christine McDonald, COA, COE, ROUB</i> Patient flow can be a challenge for most; however, by applying a thoughtful and systematic approach, one can achieve their practice goals. This course will assist the technician/clinical staff with collaborating as a team to formulate simple solutions to complex problems, i.e., patient flow, while increasing morale, thinking outside the box, and learning how to use simple project management tools and techniques to achieve success.
9:40-9:55 a.m.	BREAK
9:55-10:45 a.m.	TONOMETRY: THEORY, TECHNIQUE, AND TIPS <i>Suzanne Hansen, MEd, COMT, OSC</i> Intraocular pressure is a key component for ocular examinations. The theory for noninvasive IOP measurement and types of tonometers is important for identifying best practice techniques and possible sources of errors to avoid. This course will review the theory for noninvasive intraocular pressure measurement and compare indentation and application methods of tonometry; illustrate cleaning, disinfection, and calibration for commonly used tonometers; and discuss sources of error, high versus low readings, and tips for best practice techniques.
10:45-11:35 a.m.	A-SCAN BIOMETRY <i>Craig Simms, BSc, COMT, ROUB, CDOS</i> This course will review ultrasound A-scan biometry used for IOL calculations. Contact biometry will be discussed, but the emphasis will be on the immersion biometry exam. Examination techniques will be discussed and illustrated.
11:35 a.m.-12:20 p.m.	LUNCH: GRIFFIN ROOM
12:20-1:10 p.m.	OPTICS FOR THE REST OF US <i>Craig Simms, BSc, COMT, ROUB, CDOS</i> This lecture will cover practical everyday optics from optical crosses to transposition to spherical equivalent that AOP will have a chance to use on a day-to-day basis.
1:10-2:00 p.m.	ADVANCED SLIT LAMP EXAMINATION <i>Alan Carlson, MD</i> This course will focus on taking slit lamp biomicroscopy to the next level. It will help attendees understand the clinical application of 6 distinct illumination techniques and binocular magnification to detect and evaluate different types of anterior segment pathology.
2:00-2:15 p.m.	BREAK
2:15-3:05 p.m.	WAVEFRONT ABERROMETRY: WHAT DOES THAT MEAN FOR YOUR PATIENTS? <i>Sonya Dakin, COT</i> This course will define wavefront aberrations and why they are important to your doctor. Methods of measuring and options in correcting those aberrations will be discussed.
3:05-3:55 p.m.	NEW DEVELOPMENTS IN DRY EYE <i>Richard Davis, MD</i> This course will discuss the types of dry eye and associated treatments, the complexity of dry eye disease including the tissue factors that lead to dry eye, and comorbid conditions including anxiety and depression.
3:55 p.m.	ADJOURN



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Continuing Education Program for Allied Ophthalmic Personnel

September 21-22, 2018
Greensboro, NC

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

eyecarece.org

General Information

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

Accommodations: Reserve Your Room by August 24.

For reservations, call (800) 472-6301 and mention NCSEPS to receive the special group rate of just \$185 plus taxes, per night.

DIRECTIONS:

The Grandover Resort is conveniently and centrally located just off Interstate 85. For information and directions, go to www.grandover.com/resort.

ATPO's Certification Exam Review Session

Friday September 21, 2018

**3.25 IJCAHPO
Group A Credits**

Grandover Resort & Conference Center | Grandville C

7:30-8:00 a.m.

**Registration and classroom:
Grandville C**

8:00-11:30 a.m.

**COT Written Certification Exam
Review Session**

Instructors

*Patricia Lamell, MEd, COMT, CO, OSC
Sonya Dakin, COT*

Prerequisite: COA certification required unless participant is a student enrolled in a COT program. Verification from the program director will be required.

IJCAHPO COT content areas will be reviewed and discussed in classroom format with the use of a PowerPoint® presentation, ending with a question and answer session. Participants should be able to demonstrate knowledge and comprehension of IJCAHPO COT content areas.

**IJCAHPO Certified or ATPO Member (individual) - \$90
Other registrants (individual) - \$170**

(Use registration form provided inside.)

Questions: email: atpo@atpo.org

Registration Form

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

North Carolina Continuing Education Program
September 21 - 22, 2018

Registration and Cancellation Deadline: September 14, 2018

ATPO Certification Exam Review Session Registration and Cancellation Deadline: September 12, 2018



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)



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.

I wish to register for:

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

BY SEPTEMBER 7*

☐ EARLY Full registration (Friday and Saturday):

- ☐ IJCAHPO Certified or ATPO Member (individual) \$180
- ☐ Other registrants (individual) \$205
- ☐ Students (please specify): \$90
- ☐ IJCAHPO Certified or ATPO Member (group) \$175
- ☐ Other registrants (group) \$200

☐ EARLY Saturday Only:

- ☐ IJCAHPO Certified or ATPO Member (individual) \$160
- ☐ Other registrants (individual) \$185

ON OR AFTER SEPTEMBER 8

☐ Full registration (Friday and Saturday):

- ☐ IJCAHPO Certified or ATPO Member (individual) \$230
- ☐ Other registrants (individual) \$255
- ☐ Students (please specify): \$140
- ☐ IJCAHPO Certified or ATPO Member (group) \$225
- ☐ Other registrants (group) \$250

☐ Saturday Only:

- ☐ IJCAHPO Certified or ATPO Member (individual) \$210
- ☐ Other registrants (individual) \$235

ATPO COT WRITTEN CERTIFICATION EXAM REVIEW SESSION

- ☐ IJCAHPO Certified or ATPO Member (individual) \$90
- ☐ Other registrants (individual) \$170
- ☐ One year ATPO Membership \$75
- ☐ Please add a contribution to the
IJCAHPO Education and Research Foundation \$ _____

* Must be postmarked before date.

TOTAL \$ _____

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 **IJCAHPO**; U.S. Funds) ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

The following information is required to process credit card orders:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Telephone Number _____

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 _____