

## General Information

### Registration

Participants must submit a completed registration form and payment by February 14, 2020. Registration by fax to 651-731-0410 or online at <http://store.jcahpo.org/calendar/schedul.aspx> is accepted if charged to a credit card.

### 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 JCAHPO in writing. A processing fee of \$75 is deducted from each cancelled registration to cover a portion of the costs JCAHPO incurs.

### Continuing Education Credits

JCAHPO 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: Attendee 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.**

### Special Information

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.

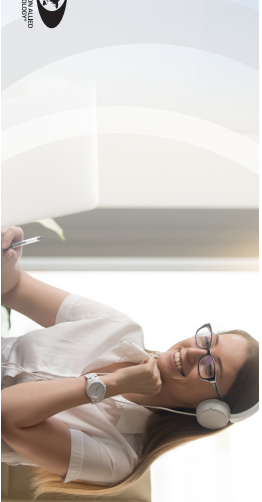
**Clinic CE  
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[jcahpo.org/ClinicCE](http://jcahpo.org/ClinicCE)



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NON-PROFIT ORG.  
US POSTAGE  
**PAID**  
TWIN CITIES, MN  
PERMIT NO. 5043

### Location

Sheraton Salt Lake City Hotel  
150 West 500 South, Salt Lake City, UT 84101  
801-401-2000

Meeting Room: Canyons Ballroom

### Hotel Reservations

The Sheraton is offering a special rate for meeting attendees. Please call 801-401-2000 and be sure to mention the **Utah Ophthalmology Society** group rate when reserving.

<https://www.marriott.com/event-reservations/reservation-link.mi?id=1568754842590&key=GRP&app=resvlink>

### Directions

#### From Ogden (North):

Take Interstate 15 and exit onto 400 South. Proceed east to West Temple and turn right. Continue to 500 south and turn right. The hotel is located on the right.

#### From Salt Lake City/International Airport (West):

Take I-80 east to I-15 South. Exit onto 600 South. Proceed to West Temple and turn left. Continue north on West Temple to 500 South, and turn left. The hotel is located on the right.

#### From Park City (East):

Take Interstate 80 West to Interstate 15 North. Exit onto 600 South. Proceed to West Temple and turn left. Continue north on West Temple to 500 South, and turn left. The hotel is located on the right.

#### From Provo (South):

Take I-15 and exit onto 600 South. Proceed to West Temple and turn left. Continue north on West Temple to 500 South and turn left. The hotel is located on the right.

### Parking

Free parking is available on the west or east side of hotel.

International Joint Commission on Allied  
Health Personnel in Ophthalmology (JCAHPO)  
2025 Woodlane Drive, Suite 3  
St. Paul, MN 55125-3056

**41<sup>st</sup> Annual Utah Ophthalmic  
Technician Program Registration**

**February 28, 2020**

**41<sup>st</sup> Annual**

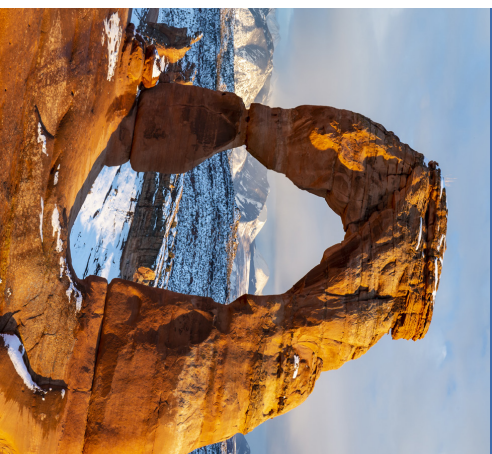
**UTAH**  
Ophthalmic  
Technician Program

**February 28, 2020**

### Program Director

Annette Mahler, Executive Director  
Utah Ophthalmology Society

Sheraton Salt Lake City Hotel  
150 West 500 South, Salt Lake City, Utah



**Eye MDS of Utah**  
THE UTAH OPHTHALMOLOGY SOCIETY



INTERNATIONAL JOINT COMMISSION ON ALLIED  
HEALTH PERSONNEL IN OPHTHALMOLOGY®

# Utah Ophthalmic Technician Program

Friday, February 28, 2020

**Program Chair:** Matthew Baugh, MHA, COT, OCS, OCSR

8 JCAHPO Group A Credits

## 7:30-8:00 a.m. Registration and Continental Breakfast

8:00-8:50 a.m.

### Anticipating the Next Move

Clinton Duncan, MD

This course will cover diagnosing common eye conditions and matching those conditions with imaging/testing modalities. We will go through the work up and diagnosis of several cases using multiple modalities (OCT, HFV, Ultrasound, etc.).

8:50-9:30 a.m.

### Toxic Anterior Segment Syndrome (TAASS) vs. Toxic Posterior Segment Syndrome (TPSS)

Nick Mamalis, MD

This course will describe the findings of TAASS and TPSS and discuss the etiology of both of these entities as well as the clinical findings. In addition, the treatment of these conditions will be described. Lastly, the prevention of these syndromes will be presented.

9:30-9:45 a.m.

### Break

9:45-10:45 a.m.

TBA

Bradley Jacobsen, MD, and Katherine Hu, MD

### 10:45-11:35 a.m. Lid Malposition

Jackson Lever, MD

In order for vision to be at its best and the eye to be protected, the upper and lower eyelids need to be properly positioned. Multiple disease processes can affect the position of the eyelids. This lecture will review causes and treatment options of conditions that cause eyelid malposition.

11:35 a.m.-12:25 p.m.

### Lunch

12:25-1:15 p.m.

### Best Practices for EHR, Patient Security, and Confidentiality

Chris Dean, CMHP, NCP

In this course, we will discuss why you need to safeguard patient information and how to implement your policies and procedures. The importance of steps to safeguard patient data on EHRs and appropriate communication for patients about their data, will also be discussed.

1:15-2:05 p.m.

### Oculoplastic Surgery

Douglas Marx, MD

This course is an advanced oculoplastic overview.

2:05-2:20 p.m.

### Break

2:20-3:10 p.m.

### Ophthalmic Emergencies

Lyndon Tyler, MD

Clinical vignettes will be used to guide participants through ophthalmic emergencies to better understand presentation, diagnosis, and management of these diseases.

3:10-3:40 p.m.

### Be Part of the Solution, Not Part of the Problem, When Disasters Occur

Paulette Valentine

This course will help identify how personal and family preparedness is vital in being a resilient community. How the role of private business fits into the overall picture, during an emergency or disaster, will also be discussed.

3:40-4:30 p.m.

### Understanding Retinal Disease

Gregory Brinton, MD

This course will discuss what every office staff member should understand about the most common retinal diseases including macular degeneration, diabetic retinopathy, and flashes and floaters (retinal tears and retinal detachments). What should we ask patients? How do we answer their questions? How urgently do they need to be seen?

4:30 p.m.

### Adjourn

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## Registration Form

Registration Deadline: February 14, 2020

**Registration and payment must be received by February 14, 2020.** A processing fee of \$75 will be deducted from each cancelled registration. All cancellations must be received in writing no later than February 14, 2020.

- **REGISTER ONLINE (preferred)** at <http://store.jcahpo.org/calendar/schedule.aspx>
- **MAIL** form and payment to JCAHPO 2025 Woodlane Drive, St. Paul, MN 55125  
*All check payments must be in U.S. funds and drawn on a U.S. bank.*
- **FAX** completed form to 651-731-0410 (credit card orders only)

IN CASE OF EMERGENCY, PLEASE NOTIFY:	
Name	_____
Phone	_____

### Program Registration Fees include JCAHPO CE credits, continental breakfast, lunch and refreshments during break.

- JCAHPO Certified\* ..... \$195
- UOS Member ..... \$180
- Other Registrants ..... \$220

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

*\*Active Military, VA employees, and Veterans receive JCAHPO discount.*

### On-site registration is not available.

Special accommodations: JCAHPO 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 and the individual. The nature and extent of the documentation of the disability, provide a clear explanation of the current functional limitations) and a rationale for the requested accommodation.

Please PRINT clearly using blue or black ink.

Name	_____	Professional Credentials	_____
JCAHPO ID#/UOS#/Government Facility	_____	Date of Birth (mm/dd/yy)	_____
Home Address	_____	City	_____
City	_____	State (Province)	_____
Home Telephone	_____	Zip (Postal Code)	_____
Practice/Business	_____	E-mail (required for handouts/evaluations)	_____
Address	_____	City	_____
City	_____	State (Province)	_____
Work Telephone	_____	Zip (Postal Code)	_____
	_____	Country	_____
	_____	City	_____
	_____	State (Province)	_____
	_____	Zip (Postal Code)	_____
	_____	Country	_____
	_____	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 \_\_\_\_\_ Expiration Date \_\_\_\_\_ Cardholder's Zip Code \_\_\_\_\_  
(3 or 4 digits on front of back of credit card)

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

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

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