# REGISTRATION DEADLINE

Registrations must be received at least two weeks before the training date. Confirmation letters and directions to training facilities will be mailed to registered attendees.

| Training Date | Registration Deadline |
|---|---|
| March 2 | February 16 |
| March 10 | February 24 |
| March 16 | March 2 |
| March 24 | March 10 |
| March 30 | March 16 |

# HELPFUL REMINDERS

- Attendance is limited. Register early!
- A confirmation letter and map to the training facility will be sent upon receipt of registration. If you do not receive the confirmation packet, please call or e-mail to confirm your registration.
- Please wear appropriate clothing; training centers may vary in temperature and climate.

# SCHEDULE AT A GLANCE

## HEARING

| | |
|---|---|
| 9:15-9:30 | Hearing Registration (no refreshments provided) |
| 9:30-9:40 | Basic Anatomy/Physiology of the Ear |
| 9:40-10:00 | Pediatric Ear Problems |
| 10:00-10:30 | Tympanometry |
| 10:30-10:45 | Break |
| 10:45-11:15 | Ohio Department of Health Hearing Screening Requirements |
| 11:15-11:45 | Hearing Screening Procedures |
| 11:45-12:05 | Hearing Screening Hands-on Experience |
| 12:05-12:15 | Questions and Evaluation |
| 12:15-1:30 | Lunch (on your own) |

## VISION

| | |
|---|---|
| 1:00-1:30 | Vision Registration (no refreshments provided) |
| 1:30-2:45 | Pediatric Eye Problems & Ohio Department of Health Vision Requirements |
| 2:45-3:00 | Break |
| 3:00-4:15 | Vision Screening Procedures & Hands-on Training |
| 4:15-4:30 | Questions and Evaluation |

# THE OHIO DEPARTMENT OF HEALTH

**Regional Training:**

**Hearing and Vision Screening**

**for School-Aged Children**

**2009**

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**March 2, 2009**
**Pickerington**

**March 10, 2009**
**Perrysburg**

**March 16, 2009**
**Cincinnati**

**March 24, 2009**
**Marietta**

**March 30, 2009**
**Medina**

## PROGRAM OBJECTIVES

- Discuss common pediatric ear problems.
- Discuss common pediatric eye problems and refractive errors.
- Learn the correct procedure for conducting hearing and vision screenings.

## PROGRAM HIGHLIGHTS

- Participant will have the choice to attend hearing training, vision training or both trainings.
- Participant will be able to identify the parts of the ear and eye.
- Participant will be able to identify common pediatric ear and eye problems.
- Participant will understand the hearing and vision screening guidelines for school-aged children.
- Participant will be able to correctly screen school-aged children for hearing and vision through hands-on screening training and lecture.

## QUESTIONS

Please feel free to contact Cassandra Calloway at 614-466-5332 or e-mail at Cassandra.Calloway@odh.ohio.gov

# HEARING AND VISION REGIONAL SCREENING TRAINING

The Ohio Department of Health is offering five regional hearing and vision screening trainings in spring 2009. Each session will offer comprehensive trainings on forms, equipment and tests that are used for school-based screenings of preschool and school-aged children. The instruction is based on the Ohio Revised Code standards that are set by the Ohio Department of Health.

This course is appropriate for new school based hearing and vision screeners and/or screeners with some experience. Separate training sessions are offered for hearing and vision. Registrants who prefer to attend only one training should indicate the type of training on the registration form.

There is no cost for registration. We are unable to provide lunch or refreshments. Please plan accordingly.

## CONTACT HOURS

Nursing contact hours will only be awarded to those who stay for the entire hearing and/or vision session.

The Ohio Department of Health (OH-011-0409) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## REGISTRATION FORM

Mail registration form to:

Ohio Department of Health
BCFHS/6th Floor
Attn: Cassandra Calloway
246 N High St
Columbus, OH 43215

Name: _____

Agency: _____

Work Phone: (  ) _____

Home Phone: (  ) _____

Fax Number (  )_____

Address: _____

City Zip: _____

E-mail:_____

Date of attendance **(check one)**:

- ☐ March 2, 2009
- ☐ March 10, 2009
- ☐ March 16, 2009
- ☐ March 24, 2009
- ☐ March 30, 2009

Choose training **(check one)**:

☐ Hearing ☐ Vision ☐ Both

CNE's Requested: ☐ RN

Certificate of Attendance: ☐ Yes ☐ No

First time attending: ☐ Yes ☐ No

Special Accommodations: