

**Core Curriculum for Ophthalmic Nursing (2008 edition)
Registration Information and Evaluation Response Form**

Chapter 7: Corneal Disorders

This activity is provided by ASORN, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. **To receive nursing contact hours for this activity, read the chapter, circle the correct answers in the test response section, and complete the evaluation section. Send the form with your payment of \$30 (members/affiliates) or \$40 (non-members) to: ASORN, PO Box 193030, San Francisco, CA 94119 or fax (415) 561-8531.**

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4.5 contact hours will be awarded for successful completion of the program. Contact hours may be used for Certified Registered Nurse in Ophthalmology (CRNO) recertification. Successful completion is defined as a score of 80% or higher. Participants who do not achieve a minimum score of 80% may retake the test within 30 days. Please submit a new form and payment to retake the test. Please contact ASORN at (415) 561-8513 or asorn@aao.org with questions.

Name _____

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Amount: \$30 for ASORN members / \$40 for non-members **Payment:** Check Visa Mastercard

CreditCard# _____ Exp Date (mo/yr) _____ Cardholder Name _____

Test Response: Circle the most appropriate response matching test question number and response number.

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|------------|-------------|-------------|-------------|
| 1. A B C D | 9. A B C D | 17. A B C D | 25. A B C D |
| 2. A B C D | 10. A B C D | 18. A B C D | 26. A B C D |
| 3. A B C D | 11. A B C D | 19. A B C D | 27. A B C D |
| 4. A B C D | 12. A B C D | 20. A B C D | 28. A B C D |
| 5. A B C D | 13. A B C D | 21. A B C D | 29. A B C D |
| 6. A B C D | 14. A B C D | 22. A B C D | 30. A B C D |
| 7. A B C D | 15. A B C D | 23. A B C D | 31. A B C D |
| 8. A B C D | 16. A B C D | 24. A B C D | 32. A B C D |

General Evaluation: Please use the scale below to evaluate this educational activity based on how well each objective was met. Circle your response.

As a result of this offering, I am able to:	4 Very Well	3 Moderately Well	2 Fairly Well	1 Not At All
1. Describe at least two congenital or hereditary corneal disorders.	4	3	2	1
2. Identify three corneal dystrophies.	4	3	2	1
3. Compare keratoconus with pellucid marginal degeneration.	4	3	2	1
4. List the cardinal signs of corneal transplant rejection.	4	3	2	1
5. Name two common risk factors for bacterial keratitis.	4	3	2	1
6. Identify potential trigger mechanisms for recurrent herpes simplex keratitis.	4	3	2	1
7. Discuss the contribution of insufficient or dysfunctional limbal stem cells to corneal surface disease.	4	3	2	1
8. Name at least two systemic medications with a potential effect on the cornea.	4	3	2	1

The content supports the objectives.	4	3	2	1
Independent study was an effective teaching method.	4	3	2	1
This activity helped me achieve personal objectives.	4	3	2	1
The minutes required to complete this activity and take the test were:	60	75	90	>90