

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

**Chapter 9: Lens 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 \$15 (members/affiliates) or \$25 (non-members) to: ASORN, PO Box 193030, San Francisco, CA 94119 or fax (415) 561-8531.**

ASORN is provider approved by the California Board of Registered Nursing, CEP #11901.

**1.0** 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

RN# \_\_\_\_\_ State of Licensure \_\_\_\_\_ Exp Date \_\_\_\_\_

**Amount: \$15 for ASORN members / \$25 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.

- |            |             |             |             |             |
|------------|-------------|-------------|-------------|-------------|
| 1. A B C D | 8. A B C D  | 15. A B C D | 22. A B C D | 29. A B C D |
| 2. A B C D | 9. A B C D  | 16. A B C D | 23. A B C D | 30. A B C D |
| 3. A B C D | 10. A B C D | 17. A B C D | 24. A B C D | 31. A B C D |
| 4. A B C D | 11. A B C D | 18. A B C D | 25. A B C D | 32. A B C D |
| 5. A B C D | 12. A B C D | 19. A B C D | 26. A B C D | 33. A B C D |
| 6. A B C D | 13. A B C D | 20. A B C D | 27. A B C D |             |
| 7. A B C D | 14. A B C D | 21. A B C D | 28. 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 the importance of cataracts as a cause of visual disability.	4	3	2	1
2. Discuss the etiology of acquired cataracts.	4	3	2	1
3. List three signs and/or symptoms of cataracts.	4	3	2	1
4. Differentiate between the minimum evaluation and potential additional evaluation for assessment of cataracts.	4	3	2	1
5. List four possible complications of cataracts.	4	3	2	1
6. Describe three ways patients with cataracts may improve vision without surgery.	4	3	2	1
7. Compare extracapsular and intracapsular surgery for cataract removal.	4	3	2	1
8. Describe the indications and contraindications for cataract surgery.	4	3	2	1
9. Discuss important preoperative, intraoperative and postoperative considerations for the patient undergoing cataract surgery.	4	3	2	1
10. List three methods to correct surgical aphakia.	4	3	2	1
11. Define three lens disorders not associated with an opacity.	4	3	2	1
12. Describe four congenital lens disorders.	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