



County of Los Angeles-Department of Public Health  
 Child Health and Disability Prevention (CHDP) Program  
**Vision Screening Training Registration**

**Course Description:** This training will discuss the importance of pediatric vision screening, review eye problems that affect vision, review CHDP program guidelines for referral and follow-up, and identify the steps of proper vision screening and documentation. Completion of this training meets the CHDP requirement: "Designated personnel have completed training in vision screening."

**When:** **Next Available Training**  
**Time:** **Approximately 3 to 4 hours, depending on number of attendees**  
**Who May Attend:** **Physicians, Nurses, Physician Assistants, and Medical Assistants from CHDP Approved Provider Offices**

**Instructions:** Complete the registration form and fax to the CHDP North Regional Office. CHDP staff will contact you for the next available vision training. Please contact the regional office if you have additional questions.

**North Region CHDP**  
**9320 Telstar Avenue, Suite 226**  
**El Monte, CA 91731**  
**Phone#: 855-272-6820 Fax#: 855-871-0380**  
**E-mail: chdpnorth@ph.lacounty.gov**

**Please enter the name and title of the attendee(s):**

<b>1.</b>			New Recertification
	Name (first & last)/Title	E-mail Address	
<b>2.</b>			New Recertification
	Name (first & last)/Title	E-mail Address	

**Clinic Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Office Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Voluntary Request for Reasonable Accommodation (ADA):** Individuals with special needs should contact the CHDP North Regional Office at (855) 272-6820 at least 3 working days in advance of the activity for assistance.

