



County of Los Angeles-Department of Public Health  
 Child Health and Disability Prevention Program (CHDP)

**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 clinic staff**
- Who May Attend:** **Physicians, Nurses, Physician Assistants, and Medical Assistants from CHDP Approved Provider Offices**

Instructions: Complete the registration form and fax/e-mail to the CHDP Southwest Regional office. CHDP staff will contact you for the next available vision training. Please contact the regional office if you have additional questions.

**Southwest Region CHDP  
 12012 Compton Avenue  
 Room 4-212  
 Los Angeles, CA 90059**

**Phone#: 424-338-1186 Fax#: 310-223-0090**

**E-mail: [chdp\\_sw@ph.lacounty.gov](mailto:chdp_sw@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 Program at (626) 569-3750 at least 3 working days in advance of the activity for assistance.

