

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Criminal History)

MEETING DATE: August 19, 2020

APPLICANT: JauQeel L. Reavis
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Mr. Reavis's massage application is before you today due to potential criminal history that could not be approved administratively. Mr. Reavis was arrested on January 25, 2018 for Obstruction of Mails Generally, Petty by US Postal Inspection Service. Mr. Reavis is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to approve a probationary license for two (2) years with restrictions.

ACTION:

- Approved
- Tabled
- Denied – NRS 640C. _____
- Probatione

PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

| | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs. | <input type="checkbox"/> B. Refrain from providing outcall services. |
| <input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval. | <input type="checkbox"/> D. Submit to a random drug test at respondent's expense. |
| <input type="checkbox"/> E. Complete an ethics course within 90 calendar days of licensure. | <input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense. |
| <input type="checkbox"/> G. Take any other action that the Board deems appropriate - | |

Required for Respondent:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Cooperate fully with Board staff to administrate term of probation. | Responsible for all administrative fees incurred by the Board as a result of their probation compliance |
| Attend Probation Orientation | Comply with all laws governing massage therapy |
| Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3) | Take any combination of the actions set forth in paragraphs (a) through (g), inclusive. |

Board Meeting Application review:

Summary of Jauqeel L. Reavis arrests/charges:

FBI background reflects arrested on 1/25/2018 for Obstruction of Mails Generally, Petty. Mr. Reavis plead guilty to 1 count of obstruction of Mail, was given a six (6) month probation, restitution of \$300.00 to victim, restitution of \$10.00 to court and thirty (30) hours of community service during probationary period.

Prepared by Tereza Van Horn, Executive Assistant



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmassagebd@state.nv.us
Website: <http://massagetherapy.nv.gov>

Massage Therapy Application

Structural Integration Practitioner Massage Therapist Reflexologist

Type or print legibly all portions of this application. Incomplete applications will not be processed.

| Section 1 Personal Information | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|--------------------------------------------------------------------------|
| Applicant Name: Last | | First | Middle Initial |
| Reavis | | Jaw Deel | L. |
| List all other names previously or currently being used by you: | | | |
| Residence address (do not list post office boxes or mailbox drop addresses): | | | |
| Street | City | State | Zip |
| Previous address (if less than 1 year): | | | |
| Street | City | State | Zip |
| Mailing address (if different than the residence address): | | | |
| Street or PO Box | City | State | Zip |
| Social Security Number: | Date of Birth: | Place of Birth: | |
| | | Great Falls MT | |
| Home Phone: | Cell Phone: | Business Phone: | Gender: |
| | | | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| Business Name: | | | |
| Business Address: | | | |
| Street | City | State | Zip |
| Email Address: | | | |
| Indicate the appropriate selection; which address you would prefer to be public knowledge. Home <input checked="" type="checkbox"/> Mailing <input type="checkbox"/> Business <input type="checkbox"/> | | | |
| Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Section 2 Child Support Information | | | |
| Mark the appropriate response (failure to mark one of the three will result in denial of your application): | | | |
| <input checked="" type="checkbox"/> I am NOT SUBJECT to a court order for the support of a child. | | | |
| <input type="checkbox"/> I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order. | | | |
| <input type="checkbox"/> I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order. | | | |
| Paid \$ | | For Office Use Only: | |
| QB | | Date Sent | Tracking |

Section 3 Licensure Information

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology and Structural Integrationist. Please attach another sheet of paper if you need more room.

*** A Certified Statement from State Licensing Authority must be completed for each state where you have held a license.**

Check here if you have never been licensed in any state jurisdiction.

| Jurisdiction/ State | License Number | Year Issued (YYYY) | Expiration Date (MM/DD/YY) |
|---------------------|----------------|--------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Section 4 Massage Training and Education

Request official transcripts from the registrar of your school(s) and have them mailed directly to the Nevada State Board of Massage Therapy.

A certificate of completion (diploma) will need to be submitted for each massage, reflexology or structural integration program you completed.

| Name of School | City and State | Years From and To (YYYY - YYYY) | Hours Completed |
|---------------------------|-----------------|---------------------------------|-----------------|
| Montana Academy of Salons | Great Falls, MT | 2019 - 2020 | 700 |
| | | | |
| | | | |
| | | | |

Section 5 National Exam Information

MBLEX NCETM NCETMB IASI ITEC ARCB IIR NCBTMB-R

Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, IASI, ITEC, ARCB, IIR or NCBTMB-R.

The Score Report given to you when the test was taken will not be accepted.

| Where Taken (City/State) | Date Taken (MM/DD/YY) | Expiration Date (MM/DD/YY) |
|--------------------------|-----------------------|----------------------------|
| Las Vegas, NV | 3/11/2020 | ? |
| | | |
| | | |
| | | |

You must answer all of these questions by checking the appropriate "Yes" or "No" box.
 If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

| Section 6 Application Screening Questions (use additional sheets of paper if needed) | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration? If yes, please provide the following information for each occurrence: (*required) *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): <u>NSBMT</u> *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ *Reason for action: _____ *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ *Reason for action: _____ <div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: 10px auto;"> NSBMT APR 08 2020 RECEIVED </div> |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper) |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary) _____ |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license: (a) Made sexual advances toward the person; (b) Requested sexual favors from the person; or (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board; If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required) *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ *Charge: _____ *Disposition: _____ *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ *Charge: _____ *Disposition: _____ |

If you have answered "Yes" to any of the questions above, you **MUST** include:

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) for each accusation or arrest.
2. Receipts for all fines or penalties showing that they have been paid for each accusation or arrest. You need to contact the court or the licensing agency.
3. Dispositions from the court(s) you appeared before regarding the arrest dates.

Affidavit of Applicant / Authorization of Release



I, certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Signature of Applicant: Jaugeel Lamar Reavis

Date: ~~4-4-2020~~ 4-6-2020 ^(h)

State of Nevada County of Clark

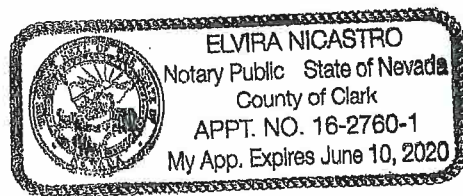
Signed and sworn to before me this 6 day of April 2020

Jaugeel Lamar Reavis, who personally appeared before me.

Elvira Nicastro
Notary Public Signature

June 10, 2020
Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmessagebd@state.nv.us

Website: <http://massagetherapy.nv.gov>

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

Structural Integration Practitioner

Massage Therapist

Reflexologist

Nevada Veteran Data

Have you ever served in the military: Yes No

If Yes, check all that apply:

Branch(es) of Service:



| | |
|--------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Army/Army Reserve | <input type="checkbox"/> Marine Corps/Marine Corps Reserve |
| <input type="checkbox"/> Navy/Navy Reserve | <input type="checkbox"/> Air Force/Air Force Reserve |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Coast Guard/Coast Guard Reserve |

Military Occupation Specialty/Specialties: _____

Date(s) of Service: From _____(DD/MM/YYYY) To _____(DD/MM/YYYY)

If you are a veteran and have been licensed by another jurisdiction you may qualify for license by endorsement. Please read NRS 640C.426.



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

- 1. You must be notified by the Nevada State Board of Massage Therapy that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize Nevada State Board of Massage Therapy, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action the State of Nevada, tis officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above In

Applicant's Name: Reavis Jaw Geel Lamar Applicant's Signature: [Handwritten Signature]
(PLEASE PRINT LAST, FIRST, MIDDLE)
Date: 4-6-2020

Submitting Agency: Nevada State Board of Massage Therapy
Agency Representative: Kim Buckingham Signature: [Handwritten Signature] Date: 4/15/2020

Date: 2/18/2020
 Time: 10:54:02 AM

SMART Systems, Inc.
LAM LLC – Montana Academy of Salons
 501 2nd Street S
 Great Falls, MT 59405
 (406)771-8772

Academic Transcript for Permit No.: 0902199790

Cumulative

Reavis, Jauqeel L

SSN:
 Active? N
 Scheduled Hours: 773.5

Exams

Labs

| Exam | Description | Exam Date | Grade | Lab No. | Description | Lab Date | Grade | No. Labs | CumTot Lab No. | Req Lab No. | CumBal Req No. |
|------------------|-----------------------------------------------------|-----------------------------|-------|---------|-------------|------------|--------|----------|----------------|-------------|----------------|
| M-Getting Loaded | Peter Bielagus Business | 9/6/2019 12:00:00 AM | 85.3 | ML01 | ML WEEK 1 | 11/9/2019 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML02 | ML WEEK 2 | 11/16/2019 | 98.10 | 1.00 | 1.00 | 0.00 | -1.00 |
| MTT1 | HIST. OVERVIEW OF MASSAG | 9/10/2019 12:00:00 AM | 88 | ML03 | ML WEEK 3 | 11/23/2019 | 99.37 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML04 | ML WEEK 4 | 11/30/2019 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| MTT2 | REQUIRMENT S FOR THE PRACTICE OF THERAPEUTIC MASSAG | 9/10/2019 12:00:00 AM | 60 | ML05 | ML WEEK 5 | 12/7/2019 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML06 | ML WEEK 6 | 12/14/2019 | 97.50 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML07 | ML WEEK 7 | 12/21/2019 | 99.20 | 1.00 | 1.00 | 0.00 | -1.00 |
| MTT3 | PROFESSIONAL ETHICS FOR MASS. PRACTITIONERS | 9/11/2019 12:00:00 AM | 88 | ML08 | ML WEEK 8 | 1/4/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML09 | ML WEEK 9 | 1/11/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML10 | ML WEEK 10 | 1/18/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| MTT4 | OVERVIEW | 9/12/2019 12:00:00 AM | 76 | ML11 | ML WEEK 11 | 1/25/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML12 | ML WEEK 12 | 2/1/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| MTT5 | HUMAN ANATOMY & PHYSIOLOGY | 9/27/2019 12:00:00 AM | 99.3 | ML13 | ML WEEK 13 | 2/8/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| | | | | ML14 | ML WEEK 14 | 2/14/2020 | 100.00 | 1.00 | 1.00 | 0.00 | -1.00 |
| MTT6 | EFFECTS, BENEFITS, INDICATIONS & CONTRAINDICATIONS | 9/30/2019 12:00:00 AM | 68 | | | | | | | | |
| MTT7 | EQUIPMENT & PRODUCTS | 10/1/2019 12:00:00 AM | 84 | | | | | | | | |
| MTT8 | SANITARY & SAFETY PRACTICES | 10/1/2019 12:00:00 AM | 72 | | | | | | | | |
| MTT9 | CONSULTATION & DOCUMENTATION | 10/2/2019 12:00:00 AM | 96 | | | | | | | | |
| MTT10 | CLASSICAL MASSAGE MOVEMENTS | 10/3/2019 12:00:00 AM | 72 | | | | | | | | |
| MTT11 | APPLICATION OF MASSAGE TECHNIQUE | 10/3/2019 12:00:00 AM | 92 | | | | | | | | |



Exams

| Exam | Description | Exam Date | Grade |
|--------------------------|---------------------------------------------------|------------------------------|-------|
| MTT12 | PROCEDURES FOR COMPLETE BODY MASSAGES | 10/7/2019 12:00:00 AM | 68 |
| MTT13 | HYDROTHERA PY | 10/7/2019 12:00:00 AM | 68 |
| MMT- Rubric s | Anterior Leg massage | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s Back | Anterior Leg Massaging Back | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s | Rubrics for Draping | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s Feet | Drapin g Massaging Feet | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s Hand | Massaging Hand | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s Neck | Massaging Neck | 10/8/2019 12:00:00 AM | 77.7 |
| MMT- Rubric s Post | Post service procedure | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s | Massaging Posterior Leg | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric s Pre | Posteri or Leg Pre-service procedure | 10/8/2019 12:00:00 AM | 100 |
| MMT- Rubric sArms | Massaging Arms | 10/8/2019 12:00:00 AM | 100 |
| MTT14 | MASSAGE IN THE SPA SETTING | 10/9/2019 12:00:00 AM | 80 |
| MTT15 | CLINICAL MASSAGE TECHNIQUES | 10/11/2019 12:00:00 AM | 71.1 |
| MTT16 | LYMPH MASSAGE | 10/11/2019 12:00:00 AM | 77.5 |
| MTT17 | THERAPEUTIC MASSAGE | 10/17/2019 12:00:00 AM | 60 |
| MTT18 | ATHLETIC/SPO RTS MASSAGE | 10/17/2019 12:00:00 AM | 76 |
| MTT19 | MASSAGE FOR SPECIAL POPULATIONS | 10/17/2019 12:00:00 AM | 68 |



Exams

| Exam | Description | Exam Date | Grade |
|-------------------------|----------------------------------------------------------------|------------------------------|-------|
| MTT20 | MASSAGE IN MEDICINE | 10/17/2019 12:00:00 AM | 72 |
| MTTK- Ch. 2 | Ch.2 Posture Assessment | 10/17/2019 12:00:00 AM | 76 |
| MTTK- Ch.1 | Ch.1 Introduction to Palpation & Kinesiology | 10/17/2019 12:00:00 AM | 84 |
| MTT21 | OTHER SOMATIC THERAPIES | 10/18/2019 12:00:00 AM | 76 |
| MTTK- Ch.3 | Ch.3 Gait Assessment | 10/18/2019 12:00:00 AM | 68 |
| MTTK- Ch.5 | Ch.5 The science of Palpation | 10/18/2019 12:00:00 AM | 84 |
| MTTK- Ch. 7 | Ch. 7 Palpating Bony Landmarks & Fascial Structure | 10/21/2019 12:00:00 AM | 64 |
| MTTK- Ch.6 | Ch.6 The Art of Palpation | 10/21/2019 12:00:00 AM | 80 |
| MTTK- Ch.8 | Ch.8 Palpating Superficial Muscles on the Axial Sk | 10/22/2019 12:00:00 AM | 80 |
| MTTK- Ch.9 | Ch.9 Palpating Superficial Muscles on the Extremity | 10/22/2019 12:00:00 AM | 68 |
| MTTK- Ch. 10 | Ch. 10 Palpating Deeper Muscles & Muscle Groups | 10/23/2019 12:00:00 AM | 72 |
| MMTP - Ch. 1 -4 | Pathology Ch. 1 -4 | 10/24/2019 12:00:00 AM | 84 |
| MMTP - Ch. 5 -7 | Pathology Ch. 5 -7 | 10/25/2019 12:00:00 AM | 52 |
| MMTP - Ch. 11-13 | Pathology Ch. 11-13 | 10/29/2019 12:00:00 AM | 64 |
| MMTP - Ch. 8 -10 | Pathology Ch. 8 -10 | 10/29/2019 12:00:00 AM | 52 |
| MMTP - Ch. 14-18 | Pathology Ch. 14-18 | 10/30/2019 12:00:00 AM | 100 |
| MMTP - Ch. 19-21 | Pathology Ch. 19-21 | 10/31/2019 12:00:00 AM | 75 |
| MTT- Unit 1 | Final Unit 1 | 11/1/2019 12:00:00 AM | 96 |
| MT- Final Written | Final written | 1/21/2020 12:00:00 AM | 94 |



Exams

| Exam | Description | Exam Date | Grade |
|-------|--------------------|-----------------------------|-------|
| MTT47 | PRACTICAL FINAL | 1/28/2020 12:00:00 AM | 98.6 |

NSBMT
MAR 23 2020 S
RECEIVED

Date: 2/18/2020

Page: 5

Time: 10:54:02 AM

SMART Systems, Inc.
LAM LLC – Montana Academy of Salons
501 2nd Street S
Great Falls, MT 59405
(406)771-8772

Academic Transcript for Permit No.: 0902199790
Cumulative

Reavis, Jauqeel L

SSN:

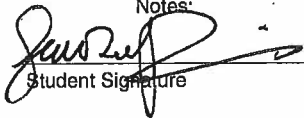
Active? N

Scheduled Hours: 773.5

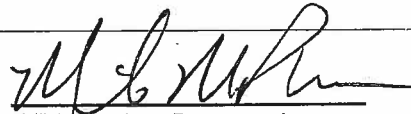
Cumulative

| Current Cumulative Data for: Reavis, Jauqeel L | | | | 0902199790 | 9790 |
|------------------------------------------------|-----------|----------------|--------|------------------------|------------------------------|
| GPA: | 93.94 | Crs: | msg | Date Started: 9/2/2019 | Leave of Absence: 0 |
| Test Score Value: | 80.38 | Crs Hrs: | 700.00 | Drop Date: n/a | Contract Grad Date: 2/8/2020 |
| Lab Score Value: | 99.58 | Total Hrs: | 700.22 | ReEnroll Date: n/a | Max Time Frame: 3/6/2020 |
| Major Test | 96.20 | Transfer Hrs: | 0.00 | Drop2 Date: n/a | Actual Grad Date: 2/14/2020 |
| Score Value: | | % Complete: | 100.03 | ReEnroll Date: n/a | Loan Ent Date: n/a |
| SAP? | Y | Hrs Remaining: | -0.22 | Drop3 Date: n/a | Loan Exit Date: n/a |
| | | GrandTot Hrs: | 700.22 | ReEnroll Date: n/a | Determined: |
| End Date | 2/17/2020 | Attended | 700.22 | Scheduled | 773.5 SCH -vs- ACT %: 90.53% |

Notes:


 Student Signature

2-18-20
 Date


 Official Academy Representative

2/18/2020
 Date



| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Final Hour Grid | |
| Foundations: | 274.26 |
| Student Clinic Area: | 425.74 |
| TOTALS: | 700 |
| 200 Hours (minimum)- In class & instructor supervised massage & bodywork assessment, theory, & application instruction | 402.52 |
| Historical Overview of Massage Requirements for the Practice of Therapeutic Massage Effects, Benefits, Indications, and Contraindications of Massage Equipment, Products, and Environment Infection Control and Safety Practices Consultation and Documentation Classification of Massage Movements Preparations for the Practitioner Procedures for a Complete Body Massage Cold, Heat, and Hydrotherapies Massage in the Spa Setting Clinical Massage Techniques Lymph Massage Therapeutic Procedure Athletic/Sports Massage Massage for Special Populations Massage in Medicine Other Therapeutic Techniques | |
| 125 Hours (minimum)- Instruction on the body systems (Anatomy, Physiology, Kinesiology) | 161.09 |
| Overview of Human Anatomy & Physiology and Medical Terminology Body Systems Touch and Movement, Palpation, and Kinesiology | |
| 42 Hours (minimum)- Pathology | 47.87 |
| Concepts of Human Disease Common Diseases & Disorders of Body Systems Genetic & Developmental, Childhood, & Mental Health Diseases & Disorders | |
| 50 Hours (minimum)- Business and Ethics Instruction (a minimum of 6 hours in Ethics) | 88.52 |
| Business Practices, Marketing, & Resume Writing Professional Ethics for Massage Practitioners | |
| 283 Hours of instruction in an area or related field that completes the massage program | |
| Total Clock Hours | 700 |

The Montana Academy of Salons requires the completion of a total of 700 clock hours; however, only 500 clock hours are required by the Montana Board of Massage Therapy. The extra 200 hours are required by Montana Academy of Salons to provide additional training in business management and ethics as well as performing additional guest services in-house vs. outside of the school, all of which are current industry demands. I do certify that the above information and attachments are true and correct to my knowledge.

Student Signature: Jawael Peavis Date: 2-14-20

Student Print Name: Jawael Peavis

Date Emailed to financialaid@montanaacademy.edu 2-14-2020

Montana Academy of Salons' Facilitators check the completion of the hours only, and do not certify the accuracy of hours in each subject.

Facilitator Signature: Neil England Date: 2/14/20



MONTANA ACADEMY OF SALONS

Is proud to award this diploma to

Fauqeel L Reavis

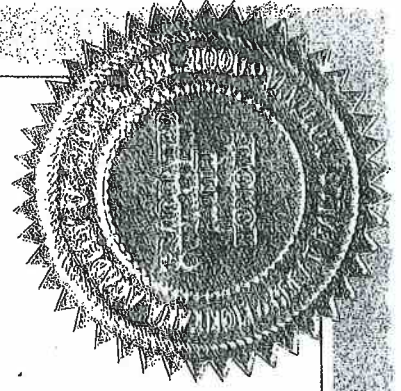
FOR SUCCESSFUL COMPLETION OF

a 700 hour course of study in *Massage Therapy*,
approved by the National Certification Board for Therapeutic Massage and Bodywork
given at 501 Second Street South,
Great Falls Montana, on February 14th, 2020

Dui Hingford
Academy Facilitator

Michelle Mylan
Academy Owner

REDKEN
5TH AVENUE NYC



RECEIVED

MAR 28 2020 5

NSBMT

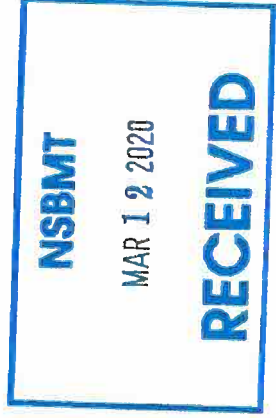


MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEx scores received on: 03-12-2020

| <u>Last Name</u> | <u>First Name</u> | <u>Last four SS#</u> | <u>DOB</u> | <u>Exam Date</u> | <u>Attempt</u> | <u>Pass/Fail</u> | <u>Language</u> | <u>School</u> |
|------------------|-------------------|----------------------|------------|------------------|----------------|------------------|-----------------|---------------------------|
| Reavis | Jauqeel | | | 03-11-2020 | 1 | Pass | English | Montana Academy of Salons |





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@state.nv.us

Website: <http://massagetherapy.nv.gov>

May 18, 2020

Jauqeel Reavis

Re: DISPOSITION OF RECORD

Dear Mr. Reavis

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome for the incident(s).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **10/31/2020**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at nvmassagebd@state.nv.us

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn
Executive Assistant
Enclosed

Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.

May 21, 2020

Dear NSBMT,

The incident that happened back in December of 2016 all started at a post office in Shephard, Montana. I was working the front clerk position during the busy holiday months of December when I had a customer come drop off an unsealed envelope containing two gift cards. So like many other customers I completed the transaction and told the customer have a great day. At the time I was going through tough financial trouble and wanted to get my girlfriend something nice for Christmas but couldn't afford it. Next i made the worst decision of my life, i took the gift cards from the unopened envelope and when i was finished with my shift I headed to WalMart and purchased an item with the stolen gift cards (the amount being three hundred dollars) This was an isolated incident that cost me not only my girlfriend but my great career position that I had worked hard to reach. At the time I was scared and denied the accusations when the postal inspectors interviewed me to avoid getting in trouble. I was NEVER arrested and nothing ended up happening until January of 2018 when i was living in Hawaii i got a call that I had to appear in federal court. I then spent a lot of money to fly back to Montana, appear in court, apologize and pay in full my restitution of three hundred dollars. I then returned back to Hawaii and did 30 hours of community service right away which ended my probation. To this day I realize this could have been way worse and i still feel terrible about what i did, it also sickens me that i wasted a great career on such a foolish lapse in judgement. I have now worked so hard to rebuild my life and find a new passion which is massage therapy. There is no excuse for what I did and I am not asking for pity from no one but I do want to say that I have changed and am so much more mature than the JauQeel Reavis of 2016. There is currently nothing I look forward to more than possibly becoming a valuable part of the Nevada massage therapist community.

Thank you,

JauQeel Reavis

:Pertaining to the Arrest Date on my record I was never arrested. I voluntarily came to the courthouse to get fingerprinted as well as photographed for records and left. If you have any questions regarding the validity of my statement please contact United States District Court Billings Division (406)-247-7000



FILED

FEB 15 2018

UNITED STATES DISTRICT COURT

Clerk, U S District Court
District Of Montana
Billings

District of Montana

UNITED STATES OF AMERICA
v.
JAUQUEEL LAMAR REAVIS

JUDGMENT IN A CRIMINAL CASE

Case Number: CR 17-140-BLG-TJC

USM Number:

Steven C. Babcock, Fed. Def. of Montana

Defendant's Attorney

THE DEFENDANT:

- pleaded guilty to count(s) 1
- pleaded nolo contendere to count(s) _____
which was accepted by the court.
- was found guilty on count(s) _____
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

| <u>Title & Section</u> | <u>Nature of Offense</u> | <u>Offense Ended</u> | <u>Count</u> |
|----------------------------|--------------------------|----------------------|--------------|
| 18 U.S.C.S. (701) | Obstruction of the mail | 12/23/2016 | 1 |

The defendant is sentenced as provided in pages 2 through 4 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

- The defendant has been found not guilty on count(s) _____
- Count(s) _____ is are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

2/15/2018
Date of Imposition of Judgment


Signature of Judge

Hon. Timothy J. Cavan, U.S. Magistrate Judge
Name and Title of Judge

2/15/2018
Date



DEFENDANT: JAUQEEL LAMAR REAVIS
CASE NUMBER: CR 17-140-BLG-TJC

PROBATION

You are hereby sentenced to probation for a term of :
Six (6) months

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court.
 The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(check if applicable)*
4. You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
5. You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
6. You must participate in an approved program for domestic violence. *(check if applicable)*
7. You must make restitution in accordance with 18 U.S.C. §§ 2248, 2259, 2264, 2327, 3663, 3663A, and 3664. *(check if applicable)*
8. You must pay the assessment imposed in accordance with 18 U.S.C. § 3013.
9. If this judgment imposes a fine, you must pay in accordance with the Schedule of Payments sheet of this judgment.
10. You must notify the court of any material change in your economic circumstances that might affect your ability to pay restitution, fines, or special assessments.

NSBMT
MAY 21 2020
RECEIVED

DEFENDANT: JAUQEEL LAMAR REAVIS
CASE NUMBER: CR 17-140-BLG-TJC

ADDITIONAL PROBATION TERMS

Defendant must complete thirty (30) hours of community service during his probationary period.



DEFENDANT: JAUQEEL LAMAR REAVIS
 CASE NUMBER: CR 17-140-BLG-TJC

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

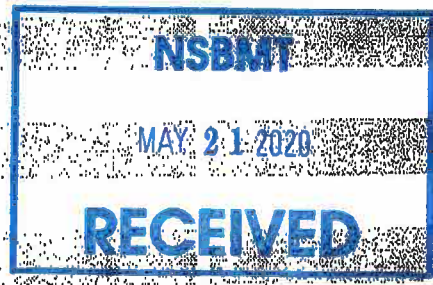
| | | | | |
|---------------|-------------------|-------------------------|-------------|--------------------|
| | <u>Assessment</u> | <u>JVTA Assessment*</u> | <u>Fine</u> | <u>Restitution</u> |
| TOTALS | \$ 10.00 | \$ | \$ | \$ 300.00 |

The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

| <u>Name of Payee</u> | <u>Total Loss**</u> | <u>Restitution Ordered</u> | <u>Priority or Percentage</u> |
|----------------------|---------------------|----------------------------|-------------------------------|
| Lance Harvey | \$300.00 | \$300.00 | 100% |



| | | | | |
|---------------|----|---------------|----|---------------|
| TOTALS | \$ | <u>300.00</u> | \$ | <u>300.00</u> |
|---------------|----|---------------|----|---------------|

Restitution amount ordered pursuant to plea agreement \$ _____

The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

The court determined that the defendant does not have the ability to pay interest and it is ordered that:

- the interest requirement is waived for the fine restitution.
- the interest requirement for the fine restitution is modified as follows:

* Justice for Victims of Trafficking Act of 2015, Pub. L. No. 114-22.
 ** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: JAUQUEEL LAMAR REAVIS
CASE NUMBER: CR 17-140-BLG-TJC

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A Lump sum payment of \$ 310.00 due immediately, balance due
 - not later than 2/15/2018, or
 - in accordance with C, D, E, or F below; or
- B Payment to begin immediately (may be combined with C, D, or F below); or
- C Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:



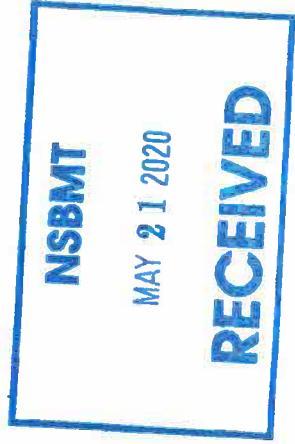
Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) JVTA assessment, (8) penalties, and (9) costs, including cost of prosecution and court costs.

**U.S. Courts
Case Inquiry Report**

Case Number: DMTX117CR000140; Party Number: N/A; Payee Code: N/A
Show Party Details: Y; Show Payee Details: Y; Show Transactions: Y

Transaction Information:

| Document Type/Number* | Account Number | Document Date | Debt Type | Line# | Accomplished Date | Debt Type | Line Type | Payee Line# | Amount | Party/Payee Name | Doc Actn | Trans Type | Fund |
|---------------------------------------|---------------------|---------------|----------------------------|-------|-------------------|-----------|-----------|----------------------|--------|----------------------|----------|------------|--------|
| CCR MTXCCA20-CT-MTX10001486015-FEB-18 | DMTX117CR000140-001 | 15-FEB-18 | SPECIAL PENALTY ASSESSMENT | 1 | 15-FEB-18 | PR | FR | JAUQEEL LAMAR REAVIS | 10.00 | JAUQEEL LAMAR REAVIS | 0 | 04 | 504190 |
| CCR MTXCCA20-CT-MTX10001486015-FEB-18 | DMTX117CR000140-001 | 15-FEB-18 | VICTIM RESTITUTION | 2 | 15-FEB-18 | PR | FR | JAUQEEL LAMAR REAVIS | 290.00 | JAUQEEL LAMAR REAVIS | 0 | 06 | 6855XX |
| CCR MTXCCA20-CT-MTX10001486015-FEB-18 | DMTX117CR000140-001 | 21-FEB-18 | VICTIM RESTITUTION | 2 | 21-FEB-18 | PR | FR | JAUQEEL LAMAR REAVIS | 10.00 | JAUQEEL LAMAR REAVIS | 0 | 06 | 6855XX |



U.S. Courts

Case Inquiry Report

Case Number: DMTX117CR000140; Party Number: N/A; Payee Code: N/A

Show Party Details: Y; Show Payee Details: Y; Show Transactions: Y

Case Number: DMTX117CR000140 Case Title: USA v. JAUQUEEL LAMAR REAVIS

Summary Party Information:

| Party# | Party Code | Party Name | Account Code | Debt Type | JS Account # | Total Owed | Total Collected | Total Outstanding |
|--------|------------|-----------------------|--------------|----------------------------|--------------|------------|-----------------|-------------------|
| 001 | MTXA006572 | JAUQUEEL LAMAR REAVIS | MTXAFCCA5181 | SPECIAL PENALTY ASSESSMENT | | 10.00 | 10.00 | 0.00 |
| 001 | MTXA006572 | JAUQUEEL LAMAR REAVIS | MTXAFCCA5181 | VICTIM RESTITUTION | | 300.00 | 300.00 | 0.00 |
| | | | | | | 310.00 | 310.00 | 0.00 |





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@state.nv.us

Website: <http://massagetherapy.nv.gov>

July 17, 2020

Jaugeel L. Reavis

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Mr. Reavis:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on August 19, 2020. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/j/98844482882?pwd=YnVWeHBaMEtWZWFNZmdJRXRwYlpgQT09>

After registering, you will receive a confirmation email containing information about joining the meeting.

Meeting ID 988-4448-2882

Password 246012

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687-9955.

COPY

Sincerely,

A handwritten signature in blue ink, appearing to read "Sandra J. Anderson".

Sandra J. Anderson
Executive Director

9489 0090 0027 6226 3397 77

Massage Therapy

| NV Required | Applicant |
|---------------------|-----------------------|
| A&P W/ Kinesiology | 125 |
| Classroom W/ Clinic | 161.09 |
| Pathology | 425.74 - 125 = 300.74 |
| Business | 47.87 |
| Ethics | 88.52 |
| Hands on | 125 |
| Total | 550 |

Notes:

Accredited by NACCAS - 700 hr program

Clinic exceeds 80 hours. All other areas met or exceed requirements. Spoke with school owner & instructor to confirm program structure & requirements

Date Reviewed:

8/11/20

ED Signature:

JauQeel L. Reavis Education Meets Requirements