

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: March 20, 2024

APPLICANT: Trezure Z. Rowland
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Rowland's massage application is before you today for review that could not be approved administratively. Ms. Rowland is requesting to be granted a license under NRS 640C.420 and is before you today for review under NRS 640C.700.

ACTION:

- Approved
- Probation
- Denied
- Tabled

PROBATION CONDITIONS: Per NRS 640C.710(1) (a) and NAC 640C.075(2):

<input type="checkbox"/> a. Report to the board 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. Notify the board of any changes in his or her employment.
<input type="checkbox"/> e. Complete an ethics course of within 90 calendar days after the issuance of the license.	<input type="checkbox"/> f. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> g. Attend a probation orientation -	<input type="checkbox"/> h. Take any other action that the Board deems appropriate. -
<input type="checkbox"/> i. Take any combination of the actions set forth in paragraphs (a) to (h), inclusive -	

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
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	



Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application
Application Number: OL230724014576

Fee: \$30.00

APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : Yes No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : Yes No

Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : **Massage Therapist** **Structural Integration** **Reflexology**

Applicant Name

Last Name : ROWLAND
First Name : TREZURE
Middle Name : Z.



List all legal names previously or currently being used by you :

No record found.

Mailing address :

Street : 12360 RICHMOND AVE APT 222
City : HOUSTON **State :** TX **Zip :** 77082

Residence address (if different than the mailing address) : Same as mailing address

Street : 8018 DELBONITA AVE
City : LAS VEGAS **State :** NV **Zip :** 89147

Social Security Number : _____ **Date of Birth :** _____
Place of Birth : Blue Island IL **Gender :** Male Female

Home/Cell Phone : _____

Indicate the appropriate selection; which address you would prefer to be public knowledge.

Home Mailing Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board

notifications)

Yes No

Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- I am NOT SUBJECT to a court order for the support of a child.
- 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.
- 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.

Section 3 : Previous Licensure Information

Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
IL	227017896	2015	12/31/2016
TX	MT134227	2020	12/15/2024

Section 4 : Training and Education

Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Cortiva Institue	Chicago	2014 - 2014	750

Transcript(s)

Document Name	User Defined Document Name	Document Link
230724014576-229984-Transcript.pdf	CORTIVA INSTITUTE-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
mblex	chicago, il	11/01/2014

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
230724014576-229985-ScoreReportCard.pdf	MBLEX	Pass

Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

Yes No

If yes, add the disciplinary actions below.

No record found.

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 or defendant and describe the nature of the litigation.

Yes No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

Yes No

If Yes, please explain in below textbox :

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;

Yes No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

Fingerprint Background Waiver

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information

Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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, its 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.

Last Name : ROWLAND

First Name : TREZURE

Middle Name : ZURELL

Street : 12360 Richmond Avenue Apt 222

City : Houston

State : TX

Zip : 77082

Date : 9/6/2023

Submitting Agency : Nevada State Board of Massage
Therapy

Address : 1755 E. Plumb Ln. Suite 252,
Reno, NV 89502

VETERAN

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.

Have you ever served in the military: Yes No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

Military Occupation Specialty/Specialties:

Date(s) of Service: From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

Affidavit of Applicant / Authorization of Release

I, **TREZURE ROWLAND** 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.

Name : trezure rowland

Date : 9/6/2023

Upload

Have you uploaded a current passport quality photo?

Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

Yes No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

Yes No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

Yes No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Certificate of Completion	OL230724014576-232784-Certificate-of-Completion.pdf	CORTIVA INSTITUTE-DIPL	
Certified Statement	OL230724014576-232407-Certified-Statement.pdf	IL VERIF	
Photo	230724014576-unnamed.jpg		
Certified Statement	230724014576-231061-Certified-Statement.pdf	TX VERIF	
Score Report Card	230724014576-229985-ScoreReportCard.pdf	MBLEX	
Transcript	230724014576-229984-Transcript.pdf	CORTIVA INSTITUTE-TRANSCP	
Current Massage License	OL230724012575-229406-Current-Massage-License.jpeg		
Social Security Card	OL230724012575-229405-Social-Security-Card.jpeg		
Government Issued ID Card	OL230724012575-229404-Government-Issued-ID-Card.jpeg		

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Official Transcript

17 N State Street Suite 500
Chicago, IL 60602

www.cortiva.com/chicago

Student: Trezure Rowland

Student ID: 1207356105

Birthday:

Student Start Date: 1/6/2014

Course Code	Course Description	Hours Attempted	Hours Earned	Grade	Quality Points	Course Code	Course Description	Hours Attempted	Hours Earned	Grade	Quality Points
Term: MAYB-2014 MAYB-2014 6/30/2014 8/3/2014						Term: MAYB-2014 MAYB-2014 6/30/2014 8/3/2014					
MAK 121B	Musculoskeletal Anatomy & Kinesiology II-B	20.00	20.00	B	60.00	BUS 119B	Business Practices for Massage Therapists B	20.00	20.00	A	80.00
MAS 120B	Clinical Foundations: Myofascial Techniques & Assessment B	20.00	20.00	B	60.00	MAS 139B	Clinical Integration: Assessments & Techniques B	30.00	30.00	A	120.00
MAS 135B	Population Spectrum B	15.00	15.00	C	30.00	MCL 131B	Student Clinic II-B	20.00	20.00	A	80.00
MCL 121B	Student Clinic I-B	20.00	20.00	A	80.00	RCR 151B	Clinical Reasoning and Research Literacy B	15.00	15.00	A	60.00
PEC 121B	Professional Ethics and Communication II-B	15.00	15.00	B	45.00			105.00	105.00		400.00
Term GPA: 3.05 Cum GPA: 3.45						Term GPA: 3.81 Cum GPA: 3.46					
Enrollment Totals: 90.00 90.00 275.00						Enrollment Totals: 750.00 750.00 2,595.00					
						GPA: 3.45					
Term: AUGA-2014 AUGA-2014 8/4/2014 9/7/2014						Term: AUGA-2014 AUGA-2014 8/4/2014 9/7/2014					
APP 131A	Anatomy, Physiology & Pathology of Body Systems II-A	20.00	20.00	B	60.00	**NOTE** GPA is weighted (equals Quality Points/Hours or Credits Attempted in Courses with A,B,C, or F grade). *** End of Transcript ***					
BUS 119A	Business Practices for Massage Therapists A	20.00	20.00	B	60.00	Registrar Signature	<i>Floria Danks</i>		Date	8/21/15	
MAS 139A	Clinical Integration: Assessments & Techniques A	30.00	30.00	A	120.00	Authorized Signature	<i>Erin Barney</i>		Date	8/21/15	
MCL 131A	Student Clinic II-A	20.00	20.00	B	60.00						
RCR 151A	Clinical Reasoning and Research Literacy A	15.00	15.00	C	30.00						
Term GPA: 3.14 Cum GPA: 3.40											
Term: AUGB-2014 AUGB-2014 9/8/2014 10/12/2014											
APP 131B	Anatomy, Physiology & Pathology of Body Systems II-B	20.00	20.00	B	60.00						

Not official unless signed by registrar.

NSBMT
AUG 31 2015
Received

Cortiva Institute

The Administration of
the Cortiva Institute Chicago Loop Campus
does hereby declare that

Trezure Z. Rowland

has completed the 750 clock hour
Professional Massage Therapy Program

Given on the Twelfth day of October, Two Thousand Fourteen

COMTA.
Commission on Massage Therapy
Accreditation

NSBMT

JUL 13 2015

Received


CAMPUS PRESIDENT/DIRECTOR




DIRECTOR OF EDUCATION/EDUCATION MANAGER



FSMTB
FEDERATION OF STATE
MESSAGE THERAPY BOARDS

NSBMT
JUL 16 2015
Received

MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

Transfer Grade Roster

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Score</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Rowland	Trezure			01/17/15	1	673	Pass	English	Cortiva Institute



TEXAS DEPARTMENT OF LICENSING & REGULATION

Licensing Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 475-2871

www.tdlr.texas.gov

AUGUST 10, 2023



TREZURE ROWLAND
2920 SHADOWBRIAR DRIVE APT 531
HOUSTON TX 77082

MESSAGE THERAPIST VERIFICATION

This is to verify that the below holds/held a valid license as a MASSAGE THERAPIST in the State of Texas.

NAME: TREZURE ROWLAND
LICENSE NUMBER: MT134227
LICENSE TYPE: MASSAGE THERAPIST
DATE OF ISSUANCE: December 16, 2020
EXPIRATION DATE: December 15, 2024

CAN TREZURE ROWLAND PRACTICE/OPERATE IN THE STATE OF TEXAS?

YES NO

IS THIS CURRENT?

YES NO YES, INACTIVE STATUS

HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST TREZURE ROWLAND ?

YES NO

We encourage you to visit our website at <https://www.tdlr.texas.gov/mas/mas.htm> for frequently updated information, including rules, laws, publications and forms. Some licensing programs offer online verification free of charge. Please refer to the above website for more information.

Licensing Division

Rick Figueroa, Chair – Brenham, Texas

Tom Butler, Vice-Chair - Deer Park, Texas
Gerald R. Callas, M.D., F.A.S.A. - Beaumont, Texas
Nora Castañeda - Harlingen, Texas

Sujeeth Draksharam – Sugar Land, Texas
Lori High, R.N., N.P., Retired - Spicewood, Texas
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Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB Pritzker
 Governor

Mario Treto, Jr.
 Secretary

Cecilia Abundis
 Director
 Division of Professional Regulation

CERTIFICATION OF LICENSURE

Board of massage Therapy
 1755 E Plumb Lane Ste 252
 Reno NV 89502

Licensee: TREZURE Z ROWLAND
 License Number: 227.017896
 Profession: Licensed Massage Therapist
 Date of Issuance: 04/10/2015
 Expiration Date: 12/31/2016
 License Status: NOT RENEWED
 License Method: NON-EXAM
 Disciplinary History: Has not been disciplined



This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Cecilia Abundis

Cecilia Abundis
 Director
 Division of Professional Regulation

September 8, 2023
 Date

Refer to the Department's Web Site at <https://idfpr.illinois.gov/> to verify professional licenses via License Look-Up.



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@lmt.nv.gov

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

February 22, 2024

Trezure Z. Rowland
12360 Richmond Ave. Apt 222
Houston, TX 77082

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 Ms. Rowland:

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 March 20, 2024. Participants can join the meeting via Zoom or by appearing in person. The meeting will begin at 9:00 a.m:

Zoom sign-in available at 8:30 a.m.

Register in advance:

<https://us06web.zoom.us/j/83570986231?pwd=zlv2aY3VR2oVwCdhbnsqZ74rimro5w.1>

Meeting ID: 835 7098 6231

Password: 201609

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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.

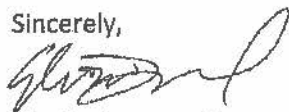
If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any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

COPY

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.

Sincerely,



Elisabeth Barnard
Executive Director

9489 0090 0027 6449 4515 22

COPY