

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: March 20, 2024

APPLICANT: Lapria M. Smith-Robinson

REVIEW UNDER: NRS 640C.700

**BACKGROUND INFORMATION:**

Ms. Smith-Robinson's massage application is before you today for review that could not be approved administratively. Ms. Smith-Robinson is requesting to be granted a license under NRS 640C.580 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:** OL231204020421

**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 :** SMITH-ROBINSON  
**First Name :** LAPRIA  
**Middle Name :** M.



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

No record found.

### Mailing address :

**Street :** 111 LEWIS ST 102  
**City :** GILROY **State :** CA **Zip :** 95020

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

**Street :** 111 LEWIS ST 102  
**City :** GILROY **State :** CA **Zip :** 95020

**Social Security Number :** **Date of Birth**  
**Place of Birth :** Fremont CA **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
CA	75292	2017	02/15/2024

**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
The Bodhi Tree Center	Carson City	2023 - 2023	550

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
OL231204020421-236316-Transcript.pdf	THE BODHI TREE CENTER-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	Milpitas CA	03/18/2017

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
OL231204020421-236278-ScoreReportCard.jpg	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 :** SMITH-ROBINSON

**First Name :** LAPRIA

**Middle Name :** MONET

**Street :** 111 Lewis St. 102

**City :** Gilroy

**State :** CA

**Zip :** 95020

**Date :** 12/12/2023

**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 Speciality/Specialities:**

**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, **LAPRIA SMITH-ROBINSON** 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 : Lapria smith-robinson

Date : 12/12/2023

### 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
Certified Statement	OL231204020421-237821-Certified-Statement.pdf	CA VERIF	
Transcript	OL231204020421-236316-Transcript.pdf	THE BODHI TREE CENTER-	TRANSCP
Certificate of Completion	OL231204020421-236314-Certificate-of-Completion.pdf	THE BODHI TREE CENTER-	DIPL
Score Report Card	OL231204020421-236278-ScoreReportCard.jpg	MBLEX	
Photo	231204020421-29A66D80-5F73-45CC-AAEB-82F8733EDCC7.JPEG		
Social Security Card	OL231204014120-235544-Social-Security-Card.pdf		
Current Massage License	OL231204014120-235543-Current-Massage-License.pdf		
Government Issued ID Card	OL231204014120-235542-Government-Issued-ID-Card.pdf		

### Application Fees

**All fees are non-refundable.**

### Fee Detail(s)

### Payment Detail(s)

Payment Method:

Amount Paid:





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6 Carson City NV 89701  
775-884-1145 John Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

12/2/2023 12:55:57 PM

CE-582

**Lapria Smith-Robinson**

*The following package includes the OFFICIAL TRANSCRIPTS for the "Basic Massage Program". This Transcript is not OFFICIAL unless the first and last pages are signed by an authorized signature.*

John M. Thorpe, Director:





**The Bodhi Tree Center for Healing Arts**

www.thebodhitreecenter.com  
3107 N. Deer Run Road, Ste. 6  
Carson City, NV 89701  
(775)-884-1145

December 2, 2023

NSBMT  
1755 E. Plumb Ln, Suite 252  
Reno, NV 89502

**TRANSCRIPT REPORT OF ACCEPTED HOURS**

Dear Sir or Madam,

Per instructions from The Nevada Massage Board, we are presenting this information on accepted hours when we accept hours from another institution toward our overall Massage Program and graduation from our Massage Program.

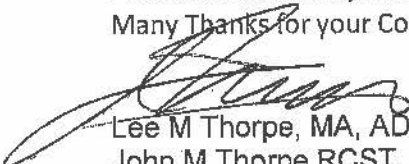
**IDENTIFYING INFORMATION AND TRANSFER SCHOOL INFO**

- ☒ Name of Graduate: Lapria Smith-Robinson
- ☒ Address: PO Box 552, Tahoma, CA 96142
- ☒ Last 4 of social security number for ID purposes: ...
- ☒ Name of School hours transferred from: Burke Williams Academy of Massage Therapy
- ☒ Address of School: 810 S. Bascom Adv, San Jose, CA 95128
- ☒ Number of hours transferred: 500 Classroom

Included: Copy of other school's transcripts from which we accepted hours.

Please contact us if you have any questions.

Many Thanks for your Consideration and Effort!

  
Lee M Thorpe, MA, ADTR, LMT, ABT, Academic Director  
John M Thorpe RCST, NCTM, LMT, BCST, FSL, Administrative Director







# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

12/2/2023 12:50:24 PM

CE-582

### Lapria Smith-Robinson

Graduation Date: December 2nd, 2023

Clinical Massage Hours: 100.00 Class Hours: 550

**GRADUATED**

#### Anatomy & Physiology

AP-103A	Skeletal System	3	
AP-103B	Muscular System	6	
AP-107	Digestive System, Nutrition & Metabolism	7	
AP-108	Urinary System, Fluids, pH & Reproductive System	6	
AP-999	Transferred hours from other institution	50	
		<b>72</b>	

#### Business of Massage

BUS-999	Transferred hours from other institution- BUSINESS	20	
		<b>20</b>	

#### Ethics of Massage

BUS-998	Transferred hours from other institution- ETHICS	20	
		<b>20</b>	

#### Hands On Techniques - Various

HOT-101	Basic Massage with Sanitation & Communication	110	
HOT-103	Soft Tissue Releases	50	TRANSFER
HOT-104	Deep Tissue Massage	100	TRANSFER
HOT-111	Therapeutic Massage for the Legs and Feet	12	
		<b>272</b>	

#### Kinesiology

K-999	Transferred hours from other institution	50	
		<b>50</b>	

#### Pathology/Contraindications

PATH-103	Musculoskeletal Pathologies	7	
PATH-107	Gastrointestinal Pathologies	3	
PATH-109	Pharmacology & Massage Therapy	6	
PATH-999	Transferred hours from other institution	25	
		<b>41</b>	

#### Prenatal & Perinatal Massage

HOT-209	Pregnancy Massage	25	TRANSFER
		<b>25</b>	

#### Spa Techniques

HSM-101	Hot Stone Massage	25	TRANSFER
SPA-101	Spa Techniques	25	TRANSFER
		<b>50</b>	

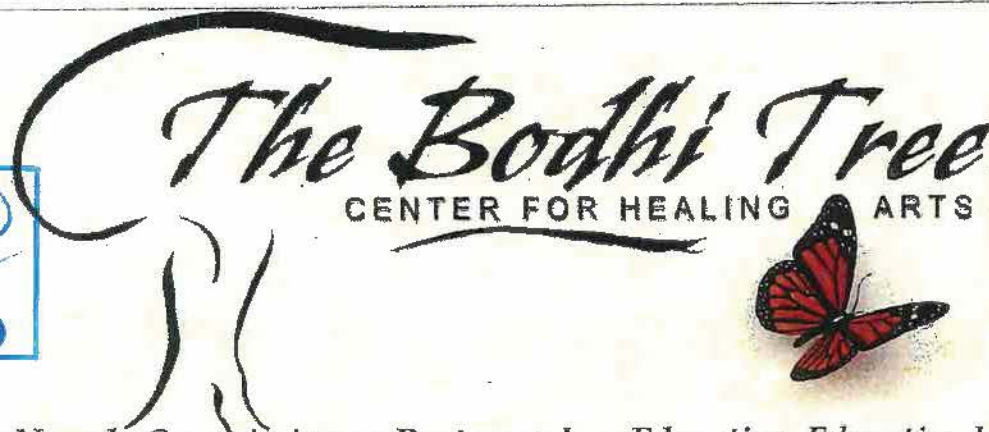


CE-582

The Basic Massage Program is, as of 2022 to date, a 650 Hour program. Consisting of a minimum of 550 Classroom Hours and 100 Practical Massage Hours.



NSBMT  
DEC 08 2023  
RECEIVED



*Licensed by the Nevada Commission on Postsecondary Education. Education has been Accepted towards licensure by the Nevada Board of Massage Therapists, the California Massage Therapy Council, the National Certification Board, The Arizona Board of Massage, and may be submitted towards licensure in other states.*

*The Bodhi Tree Center for Healing Arts acknowledges that*

**Lapria Smith-Robinson**

*Has successfully completed the requirements of our  
650 Hour course in Massage Therapy*

Lee M. Thorpe, Academic Director,  
MA, BC-DMT, LMT, ABT

Graduation Date: December 2nd, 2023

John M. Thorpe, Administrative Director,  
RCST®, BCST, BCTMB, LMT, FSL





**FSMTB**  
 FEDERATION OF STATE  
 MASSAGE THERAPY BOARDS

MBLEx Results: 12/7/2023




MBLEx Result Jurisdictional Report

State: NV

For results marked by  in the alert column, please contact FSMTB for additional information.

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Alert</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
Smith-Robinson	Lapria			3/18/2017	Pass			English	Burke Williams Academy of Massage Therapy

For **Exam Result** marked with an  in the alert column, please call FSMTB's School Support Team at 913.681.0380 for more details.





**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](mailto:nvmassagebd@lmt.nv.gov)

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

**Certified Statement from State Licensing Authority**

**TO BE COMPLETED BY LICENSING AUTHORITY ONLY NSBMT**

(Transferring from another Jurisdiction)



Dear Sirs,

The applicant listed herein has applied to the Nevada State Board of Massage Therapy for a license for Massage Therapy. In order to complete this application, we request that you complete the following and mail to the Nevada State Board of Massage Therapy at the address listed above. Your assistance in this matter is greatly appreciated.

Sandra Anderson, Executive Director,  
Nevada State Board of Massage Therapy

Applicant Name: Lapria Smith-Robinson License Number: 75292

To be completed by the State Licensing authority in the State(s) where you are currently or have been licensed:

**License Information**

Name:	<u>Lapria Smith-Robinson</u>
Date of Birth:	<u></u>
Type of License:	<u>Certified Massage Therapist</u>
License Number:	<u>75292</u>
How Issued:	<u>Certified based on completing 500 hours of massage education and the MBLEx.</u>
Original Licensure Date:	<u>02/15/2018</u>
Expiration Date:	<u>02/15/2026</u>
Status:	<u>Active</u>

This certified statement issued by the licensing authority in each state/territory or possession of the United States or the District of Columbia in which the applicant is or has been licensed to practice massage therapy during the immediately preceding 10 years verifying that:

The applicant  has/ has not been involved in any disciplinary action relating to their license; and disciplinary proceedings relating to this license to practice massage therapy  are/ are not pending.

Case Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_

Name of licensing agency/jurisdiction: California Massage Therapy Council

Address: One Capitol Mall Suite 800 State, Zip: Sacramento, CA 95814

Signature: Charlette L Stewart Date: 1/16/2024

Title: Customer Service Representative

Print agent's name: Charlette L. Stewart (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: [nvmassagebd@imt.nv.gov](mailto:nvmassagebd@imt.nv.gov)

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

February 22, 2024

Lapria M. Smith-Robinson  
8678 Glen Echo Ave.  
Las Vegas, NV 89148

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. Smith-Robinson:

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 39

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