

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: March 20, 2024

APPLICANT: Samantha C. Watson

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Watson's massage application is before you today for review that could not be approved administratively. Ms. Watson 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: OL230808042889

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 : WATSON
First Name : SAMANTHA
Middle Name : C.



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

No record found.

Mailing address :

Street : 3109 E DEMETRIUS AVE
City : LAS VEGAS **State :** NV **Zip :** 89101

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

Street : 3109 E DEMETRIUS AVE
City : LAS VEGAS **State :** NV **Zip :** 89101

Social Security Number : **Date of Birth :**
Place of Birth : Rockford Illinois **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.

Licensure information is not required because you have checked "Sign off from Local jurisdiction to follow".

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
Northwest Career College	Las Vegas	2022 - 2023	800

Transcript(s)

Document Name	User Defined Document Name	Document Link
0L230808042889-232782-Transcript.pdf	NORTHWEST-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEX	Las Vegas Nevada	04/13/2023

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
230808042889-230838-ScoreReportCard.jpg	MBLEX	Pass

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 : WATSON

First Name : SAMANTHA

Middle Name : CAROL

Street : 3109 E. Demetrius Ave.

City : Las Vegas

State : NV

Zip : 89101

Date : 9/14/2023

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/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, **SAMANTHA WATSON** 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 : Samantha Watson

Date : 9/14/2023

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
Transcript	OL230808042889-232782-Transcript.pdf	NORTHWEST-TRANSCP
Certificate of Completion	OL230808042889-232395-Certificate-of-Completion.pdf	
Photo	14816-232006-WATSON, SAMANTHA.jpg	
Score Report Card	230808042889-230838-ScoreReportCard.jpg	MBLEX
Social Security Card	OL230808042688-230250-Social-Security-Card.jpg	
Government Issued ID Card	OL230808042688-230249-Government-Issued-ID-Card.jpg	

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:
 Amount Paid:

Official Transcript

7398 Smoke Ranch Road
 Las Vegas, NV 89128
www.northwestcareercollege.edu

Student: Samantha C Watson **StudentID:** WA49985 **DOB:** **Original Start Date:** 9/05/2022 **StudentGPA:** 3.56

Program: Diploma in Massage Therapy
Enrollment #: 20362WA **Status:** Graduate
Start Date: 9/05/2022 **Grad Date:** 9/06/2023

Term: 4W220905 4W 2022.09.05 9/05/2022 - 10/02/2022

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
AS101	AS101 - Academic Success	0.00	0.00	A	0.00
MTB101	MTB101 - Basic Massage	2.00	2.00	A	8.00
MTB102	MTB102 - Anatomy, Physiology, and Kinesiology I	4.75	4.75	A	19.00
		6.75	6.75		27.00
Term GPA: 4.00		Cum GPA: 4.00			



Term: 4W221003 4W 2022.10.03 10/03/2022 - 10/30/2022

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB101	MTB101 - Basic Massage	2.00	2.00	A	8.00
MTB102	MTB102 - Anatomy, Physiology, and Kinesiology I	4.75	4.75	A	19.00
		6.75	6.75		27.00
Term GPA: 4.00		Cum GPA: 4.00			

Term: 4W221031 4W 2022.10.31 10/31/2022 - 11/27/2022

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB101	MTB101 - Basic Massage	2.00	2.00	A	8.00
MTB103	MTB103 - Anatomy, Physiology, and Kinesiology II	3.00	3.00	A	12.00
		5.00	5.00		20.00
Term GPA: 4.00		Cum GPA: 4.00			

Term: 4W221128 4W 2022.11.28 11/28/2022 - 12/25/2022

** Indicates Retaken Course Not official unless signed by registrar # Indicates Pass/Fail Course
 R* Indicates Retaken Override + Indicates Associated Course
 9/13/2023 9.44.00 AM Transcript - Official.rdl

Fax: 702-442-0204 | 10: 11/07/2024 | 1/2023 14:32:05 PD |

Official Transcript

7398 Smoke Ranch Road
 Las Vegas, NV 89128
www.northwestcareercollege.edu

Student: Samantha C Watson **StudentID:** WA49985 **DOB:** **Original Start Date:** 9/05/2022 **StudentGPA:** 3.56

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB101	MTB101 - Basic Massage	2.00	2.00	A	8.00
MTB104	MTB104 - Comprehensive Anatomy and Physiology I	3.00	3.00	A	12.00
MTB105	MTB105 - Comprehensive Anatomy and Physiology II	3.00	3.00	A	12.00
MTB111	MTB111 - Microsoft Office for Massage Therapists	4.00	4.00	A	16.00
		12.00	12.00		48.00

Term GPA: 4.00 **Cum GPA:** 4.00



Term: 4W230109 **4W 2023.01.09** **1/09/2023 - 2/05/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.84	0.84	PASS	3.36
MTB201	MTB201 - Massage Business and Ethics	3.00	3.00	B	9.00
		3.84	3.84		12.36

Term GPA: 3.22 **Cum GPA:** 3.91

SAP Met

Term: 4W230206 **4W 2023.02.06** **2/06/2023 - 3/05/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.84	0.00	FAIL	0.00**
MTB202	MTB202 - Clinical Assessment and Integration	3.00	0.00	F	0.00**
		3.84	0.00		0.00

Term GPA: 0.00 **Cum GPA:** 3.52

Term: 4W230306 **4W 2023.03.06** **3/06/2023 - 4/02/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.84	0.00	FAIL	0.00**

** Indicates Retaken Course
 R* Indicates Retaken Override

Not official unless signed by registrar

Indicates Pass/Fail Course
 + Indicates Associated Course

Official Transcript

7398 Smoke Ranch Road
Las Vegas, NV 89128
www.northwestcareercollege.edu

Student: Samantha C Watson **StudentID:** WA49985 **DOB:** **Original Start Date:** 9/05/2022 **StudentGPA:** 3.56

MTB202	MTB202 - Clinical Assessment and Integration	3.00	3.00	C	6.00
		3.84	3.00		6.00
Term GPA: 1.56		Cum GPA: 3.68			

Term: 4W230508 **4W 2023.05.08** **5/08/2023 - 6/04/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB211	MTB211 - Deep Tissue I	2.00	2.00	C	4.00
MTB212	MTB212 - Deep Tissue II	2.00	2.00	B	6.00
		4.83	4.83		13.32
Term GPA: 2.76		Cum GPA: 3.57			



Term: 4W230605 **4W 2023.06.05** **6/05/2023 - 7/02/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB213	MTB213 - Spa Therapies I	2.00	2.00	B	6.00
MTB214	MTB214 - Spa Therapies II	2.00	2.00	B	6.00
		4.83	4.83		15.32
Term GPA: 3.17		Cum GPA: 3.53			

Term: 4W230710 **4W 2023.07.10** **7/10/2023 - 8/06/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB215	MTB215 - Sports Massage	2.00	2.00	A	8.00
MTB216	MTB216 - Special Needs	2.00	2.00	B	6.00
		4.83	4.83		17.32
Term GPA: 3.59		Cum GPA: 3.54			

** Indicates Retaken Course
R* Indicates Retaken Override

Not official unless signed by registrar

Indicates Pass/Fail Course
+ Indicates Associated Course

Official Transcript

7398 Smoke Ranch Road
Las Vegas, NV 89128
www.northwestcareercollege.edu

Student: Samantha C Watson **StudentID:** WA49985 **DOB:** **Original Start Date:** 9/05/2022 **StudentGPA:** 3.56

Term: 4W230807 **4W 2023.08.07** **8/07/2023 - 9/03/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.00	FAIL	0.00**
MTB217	MTB217 - Medical Massage I	3.00	3.00	B	9.00
MTB218	MTB218 - Medical Massage II	2.00	2.00	B	6.00
		5.83	5.00		15.00
Term GPA: 2.57		Cum GPA: 3.44			

Term: 4W230904 **4W 2023.09.04** **9/04/2023 - 10/01/2023**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.84	0.84	PASS	3.36
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
		1.67	1.67		6.68
Term GPA: 4.00		Cum GPA: 3.56			

Diploma in Massage Therapy **GPA:** 3.56 64.01 58.50

*** End of Transcript ***

Authorized Signature

Date

9.13.23



OFFICIAL TRANSCRIPT



** Indicates Retaken Course
R* Indicates Retaken Override

Not official unless signed by registrar

Indicates Pass/Fail Course
+ Indicates Associated Course

fax: 702.744.2300
From: Northwest Career College
Page: 0/0
ID: 1110/864264
1/2023 14:32:00 PWT

northwest CAREER COLLEGE

THIS CERTIFIES THAT

Samantha Watson

Has successfully completed the 800-Hour Massage Therapy program, and is therefore awarded this

DIPLOMA

Given this 6th day of September, 2023



Century
School Administrator



John T. Kenny
Director, Dr. John Kenny



FSMTB

FEDERATION OF STATE
MASSAGE THERAPY BOARDS

MBLEx Results: 4/17/2023




MBLEx Result Jurisdictional Report

State: NY

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>
Watson	Samantha			4/13/2023	Pass		02/23/2023 Fail	English	NORTHWEST CAREER COLLEGE - LAS VEGAS

School is self-reported.

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

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

February 22, 2024

Samantha C. Watson
3109 E. Demetrius Ave.
Las Vegas, NV 89101

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. Watson:

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=zlv2aY3VR2oVwCdhbnsqZ74rlmro5w.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 46

COPY