

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: January 10, 2024

APPLICANT: Xiaoyan Wang

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Wang's massage application is before you today for review that could not be approved administratively. Ms. Wang 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, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov
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 Wang First Xiao Yan Middle Initial _____

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

Residence address (do not list post office boxes or mailbox drop addresses):
Street 163 Buffalo Ave City Pahrump State NV Zip 89060

Previous address (if less than 1 year):
Street 721 Bourbon St City Pahrump State NV Zip 89048

Mailing address (if different than the residence address):
Street or PO Box 163 Buffalo Ave City Pahrump State NV Zip 89060

Social Security Number: _____ Date of Birth: _____ Place of Birth: China

Home Phone: _____ Cell Phone: 702-336-7368 Business Phone: 775-505-1479 Gender: Male Female

Business Name: Lucky Spa

Business Address:
Street 361 S Frontage Rd #1 City Pahrump State NV Zip 89048

Email Address: _____

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

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.

Paid \$	QB	For Office Use Only:	
		Date Sent	Tracking

Section 3: Licensure Information

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexologist and/or 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.

Check here if you are actively licensed in any state or jurisdiction.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)
California	26501	2011	11/15/23

Section 4: Massage Training and Education – All massage, reflexology or structural education must be listed below. (Failure to disclose all education could result in an application denial)

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
School of Traditional Medical Thai Massage	San Francisco CA	2011-2012	500
AMO School	Las Vegas NV	2016	500

Section 5: National Exam Information – All massage, reflexology or structural exams must be listed below. (Failure to disclose all exams taken could result in an application denial)

MBLEX NCETM NCETMB CESI ITEC ARCB IIR NCBTMB-R

Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, CESI, 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) if applicable
Las Vegas NV	01/10/2017	N/A



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 No

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): 07/01/20
- *Licensing agency/jurisdiction that took action: NV Massage Board
- *Name and address of employer/supervisor: N/A
- *Reason for action: Voluntary Surrender based on 12/18/19 arrest
- *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: _____

Yes No

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.
(Attach a separate sheet of paper)

Yes No

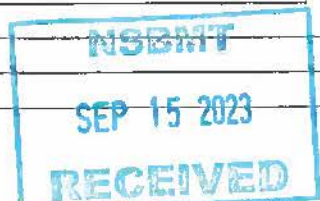
3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)
If so, please explain (Use additional paper if necessary)

Yes No

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): 12/18/19
- *Name and address of law enforcement agency: LVPD 400 S. Mack
Luther King Blvd., LV NV 89106
- *Charge: Sexual Assault
- *Disposition: Case # 19M26227X, LV Justice Court
- *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: Xiangan Wang Date: 9/12/23

State of Nevada County of Clark

Signed and sworn to before me this 12 day of September 2023

Xiangan Wang, who personally appeared before me.

[Signature]
Notary Public Signature

4/27/27
Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

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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

Are you currently active or a spouse of an active service member? Yes No

Are you currently licensed in any state or jurisdiction? Yes No

Have you ever served in the military? Yes No

If Yes, check all that apply:

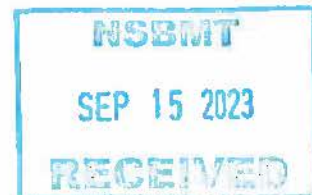
Branch(es) of Service:

<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.





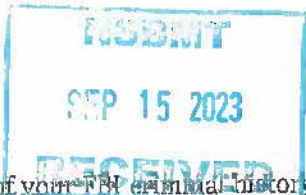
Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Massage Therapy (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.



Applicant:	
XW	9/12/23
Initial	Date



6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada State Board of Massage Therapy (*name of requesting agency*), 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.
10. 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.

Applicant's Name: Wang Xiao Yan
PLEASE PRINT Last Name First Name Middle

Applicant's Signature: Xiao Yan Wang
 Date: 9/12/23

Agency Account #: _____
 Agency Representative: Buckingham Kimberly
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: Kimberly Buch
 Date: 12/4/23



AMO SCHOOL NV
5115 SPRING MOUNTAIN ROAD #215
LAS VEGAS NV 89146

TEL: 702-489-8305 EMAIL: AMOSCHOOLNV@GMAIL.COM
HTTP://WWW.AMONV.COM



Name: **Xiaoyan Wang** Student ID: **100819**

Official Student Academic Transcript

Tuina Professional Massage Therapist Program 500 Hours				
SUBJECT	HOURS	TEST SCORE	GRADE	DATE
1. Anatomy & Physiology	100	88	B	01/18/2017
2. Traditional Chinese Medicine Oriental Anatomy & Physiology	25	80	B	01/18/2017
3. Massage Theory and History	125	90	A	01/18/2017
4. Pathology	40	88	B	01/18/2017
5. Professional Practice & Business Ethics	4 6	80	B	01/18/2017
6. Practicum	200	85	B	01/18/2017
TOTALS	500	85	B	01/19/2017

Instructor

10/10/2016 - 01/19/2017

Date

School Principal

AMO School NV



This Certifies That

Xiaoyan Wang

Has successfully completed the Program
**Tuina Professional
Massage Therapist (500 Hours)**

As Developed by this School
And having shown proficiency is hereby awarded this

Diploma

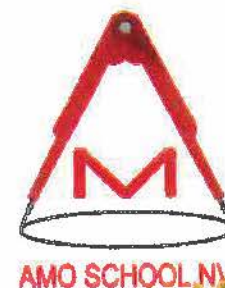


Instructor

10/10/2016 - 01/19/2017

Date

School Principal





FSMTB
FEDERATION OF STATE
MASSAGE THERAPY BOARDS

NSBMT
JAN 11 2017
Received

MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEx scores received on: 01/11/2017

<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>
Wang	Xiaoyan			12/08/16	1	300	Fail	English	AMO School
				01/10/17	2	697	Pass	English	AMO School



Nevada State Board of Massage Therapy



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Website: http://massagetherapy.nv.gov

Certified Statement from State Licensing Authority
TO BE COMPLETED BY LICENSING AUTHORITY ONLY
(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: Xiaoyan Wang License Number: 26501

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

License Information

Name: Xiaoyan Wang
Date of Birth:
Type of License: Certified Massage Therapist
License Number: 26501
How Issued: Originally certified conditionally and required CEU's in order to meet the 500 hour requirement for a Certified Massage Therapist.
Original Licensure Date: 10/7/2011
Expiration Date: 11/15/2025
Status: Active

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: 11/21/2023

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@lmt.nv.gov

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

December 8, 2023

Xiaoyan Wang
C/O Kirk T. Kennedy, Esq.
815 S. Casino Center Blvd.
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. Wang:

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 January 10, 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/82619788467?pwd=VTnwUft9KPVIWjVgNkKFEEJHVYoa17.1>

Meeting ID: 826 1978 8467

Password: 942638

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.

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 6454 7057 95

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Xiaoyan Wang,

Licensed Massage Therapist
Nevada License No. NVMT.8551,

Respondent.

Case No. NVMT-C-1974

**COMPLAINT AND
NOTICE OF HEARING**

The Nevada State Board of Massage Therapy (Board), by and through its Executive Director, Sandra Anderson, hereby notifies Xiaoyan Wang ("Respondent") of an administrative hearing, which is to be held pursuant to Chapters 233B, 622, 622A of the Nevada Revised Statutes (NRS) and 640C of the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC). The purpose of the hearing is to consider the allegations stated below and to determine if the Respondent should be subject to an administrative penalty as set forth in NRS 640C.710, if the stated allegations are proven at the hearing by the evidence presented.

Respondent is currently and at all times mentioned herein, licensed as a massage therapist in the State of Nevada and is therefore, subject to the jurisdiction of the Board and the provisions of NRS Chapter 640C.

IT IS HEREBY ALLEGED AND CHARGED AS FOLLOWS:

ALLEGED FACTS

1. On or about December 18, 2019, Respondent, while working at The New Rainbow Massage located at 3740 E. Sunset Rd., Las Vegas, Nevada 89120, was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

VIOLATIONS OF LAW

COUNT ONE

2. By soliciting sexual activity during the course of practicing a massage, Respondent violated the provisions of NRS 640C.700(4) and/or (9). This is grounds for discipline pursuant to NRS 640C.700(2).

PRAYER FOR RELIEF

COPY

~~ORIGINAL~~

1 WHEREFORE, Executive Director, Sandra Anderson, prays as follows:

2 3. That the Board conduct a hearing on this complaint as provided by statute, and after such
3 hearing, that the Board impose upon Respondent the discipline permitted by NRS 640C.710,
4 which may include the following, (a) the imposition of an administrative fine of not more than
5 \$5,000.00 per violation, (b) recovery of reasonable investigative fees and costs incurred, (c)
6 recovery of attorney fees pursuant to NRS 622.400, (d) licensee be publicly reprimanded, (e)
7 suspend, revoke or place conditions on the licensee's license, (f) place the licensee on
8 probation, and/or (g) such other impositions as may be permitted by Nevada law.
9

10 PLEASE TAKE NOTICE that a disciplinary hearing has been set to consider this
11 Administrative Complaint against the above-named Respondent in accordance with Chapters 233B,
12 622, 622A and 640C of the Nevada Revised Statutes.

13 Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no
14 physical location for this meeting. Participants can join the meeting via Zoom.

15 THE HEARING WILL TAKE PLACE:

16 **Wednesday, July 1, 2020, commencing at 9:00 a.m.**

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

Register in advance for this meeting:

17 <https://zoom.us/j/7991196295?pwd=SnY2ak5yUnB5eUJHbFNuaTdjZkx6Zz09>
18

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

21 Meeting ID 799-119-6295

Password 257161

22 PURSUANT TO NRS 622A.320, Respondent may, but is not required to, file an answer to this
23 Complaint with the Board.

24 PURSUANT TO NRS 622A.330, Respondent may seek limited discovery from the Board.

25 As the Respondents, you are specifically informed that you have the right to appear and be
26 heard in your defense, either personally or through counsel of your choice. You have the right to
27 respond and to present relevant evidence and argument on all issues involved. You have the right to
28 call and examine witnesses, introduce exhibits, and cross-examine opposing witnesses on any matter
relevant to the issues involved.

COPY

ORIGINAL

1 You have the right to request that the Board issue subpoenas to compel witnesses to testify
2 and/or evidence to be offered on your behalf. In making this request, you may be required to
3 demonstrate the relevancy of the witnesses' testimony and/or evidence.

4 The purpose of the hearing is to determine if the Respondent has violated the provisions of
5 Chapter 640C of NRS and if the allegations contained herein are substantially proven by the evidence
6 presented to further determine what administrative penalty is to be assessed against the Respondent, if
7 any, pursuant to NRS 640C.710.

8 Should the Respondent fail to appear at the hearing, a decision may still be reached by the
9 Board. As the Respondent, you are further advised that you may be charged with the attorney's fees
10 and/or costs associated with the hearing pursuant to NRS 622.400.

11 Pursuant to NRS 233B.121(5), informal disposition of this case may be made by stipulation,
12 agreed settlement, consent order, or default. Any attempt to negotiate this case should be made by
13 contacting Sandra Anderson, (775) 687-9951 or sjanderson@lmt.nv.gov.

14 Pursuant to NRS 241.033(2)(b), the Nevada State Board of Massage Therapy may, without
15 further notice, take administrative action against your license and/or certificate to practice within the
16 State of Nevada if the Board determines that such administrative action is warranted after considering
17 your character, alleged misconduct, professional competence, or physical or mental health.

18 Dated this 2nd day of June, 2020.

19 **NEVADA STATE BOARD OF MASSAGE THERAPY**

20 
21 SANDRA ANDERSON, Executive Director

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on June 2, 2020, I deposited for mailing at Reno, Nevada, via Certified U.S. Mail, with return receipt and postage prepaid, a true and correct copy of the foregoing **COMPLAINT AND NOTICE OF HEARING**, properly addressed as follows:

Xiaoyan Wang
8101 Nottingham Hill Lane
Las Vegas, NV 89113

9489 0090 0027 6226 3398 14

Kirk T. Kennedy, Esq.
815 S. Center Boulevard
Las Vegas, NV 89101

NEVADA STATE BOARD OF MASSAGE THERAPY


Employee

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~~ORIGINAL~~

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Xiaoyan Wang,

Licensed Massage Therapist
Nevada License No. NVMT.8551,

Respondent.

Case No. NVMT-C-1974

**VOLUNTARY SURRENDER
IN LIEU OF OTHER DISCIPLINE**

I, Xiaoyan Wang, wish to voluntarily surrender my Nevada Massage Therapy License.

1. It is alleged that:

a. On or about December 18, 2019, while working at The New Rainbow Massage located at 3740 E. Sunset Rd., Las Vegas, Nevada 89120, I was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

2. I admit only that these factual allegations may constitute grounds for disciplinary action pursuant to NRS 640C.710 because the conduct may have violated NRS 640C.700(2)(4) and/or (9).

3. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.

4. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.

5. I am aware that I have certain constitutional rights, including:

(a) I have the right to hire an attorney to represent me in this proceeding;

(b) I have the right to demand a hearing on the charges against me, and I can require the Board's staff to prove the allegations;

(c) I have the right to cross-examine the witnesses against me;

(d) I have the right to call witnesses to provide evidence on my own behalf;

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1 (e) I have other rights accorded to me under the Nevada Revised Statutes
2 Chapters 233B, 622, 622A and 640C; and

3 (f) I have the right to obtain judicial review of the Board's decision.

- 4
5 6. I am aware of the foregoing rights in paragraph five (5), and I voluntarily, knowingly, and
6 intelligently waive these rights in return for the Board accepting my voluntary surrender of my
7 massage therapist license in lieu of other disciplinary action.
- 8 7. I understand this Voluntary Surrender is considered disciplinary action and as such will become
9 part of my permanent record.
- 10 8. I understand this Voluntary Surrender is considered public information.
- 11 9. I understand this Voluntary Surrender is considered disciplinary action and will be reported to
12 the national repository, which records disciplinary action taken against licensees, or any agency
13 or another state, which regulates the practice of Massage Therapy.
- 14 10. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as
15 evidence against me to establish a pattern of behavior and for the purpose of proving additional
16 acts of misconduct.
- 17 11. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil
18 penalties or sanctions in any other matter.
- 19 12. I understand that this surrender is effective on the date it was accepted by the Board, which is
20 July 1, 2020.
- 21 13. I agree not to apply for re-licensure with the Board as a massage therapist until *three years* have
22 passed from the date of the Board's acceptance of this Voluntary Surrender, which was at its
23 meeting held on July 1, 2020.
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1 I, Xiaoyan Wang, by my signature affixed below, agree with the foregoing facts and representations
2 and thus choose to voluntarily surrender my License to practice as a massage therapist in Nevada.
3 NEVADA STATE BOARD OF MASSAGE THERAPY retains jurisdiction in this case until all
4 conditions have been met to the satisfaction of the Board.
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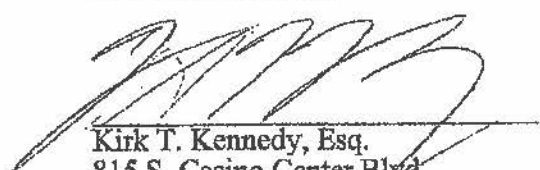
8 NEVADA STATE BOARD
9 OF MASSAGE THERAPY

RESPONDENT

10
11 *Spacie Huker* *7/1/2020*
12 Board Chair Date

Xiaoyan Wang *6/30/20*
Xiaoyan Wang, Respondent Date

13
14 LEGAL COUNSEL

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16 
17 Kirk T. Kennedy, Esq.
18 815 S. Casino Center Blvd.
19 Las Vegas, Nevada 89101
20 for the Respondent
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Xiaoyan Wang was not present; Kirk Kennedy, Legal Counsel was present.

Lorna Benedict motioned to accept voluntary surrender, seconded by April Whiting.
Motioned carried unanimously.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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