

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: January 10, 2024

APPLICANT: Ping Zhang

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Zhang's massage application is before you today for review that could not be approved administratively. Ms. Zhang 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 **ZHANG** First **PING** 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 **4584 PLUM ISLAND CT** City **LAS VEGAS** State **NEVADA** Zip **89147**

Previous address (if less than 1 year):

Street City State Zip

Mailing address (if different than the residence address):

Street or PO Box City State Zip

Social Security Number:

Date of Birth:

Place of Birth:

CHINA

Home Phone:

Cell Phone:

Business Phone:

Gender:

Male

Female

702 374 1155

Business Name:

Business Address:

Street **4584 PLUM ISLAND CT** City **LAS VEGAS** State **NEVADA** Zip **89147**

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) |
|---------------------|----------------|--------------------|----------------------------|
| Nevada | 4297 | 2009 | 2020 |
| | | | |
| | | | |
| | | | |

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 |
|----------------|------------------|-------------------------------|-----------------|
| AMO SCHOOL NV | LAS VEGAS NEVADA | 2023-2023 | 650 |
| | | | |
| | | | |
| | | | |

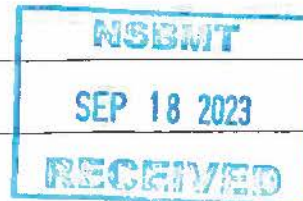
Section 5: National Exam Information – All massage, reflexology or structural exams must be listed below. (Failure to disclose all exams taken could result in an application denial)

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.

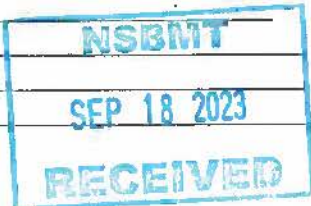
| Where Taken (City/State) | Date Taken (MM/DD/YY) | Expiration Date (MM/DD/YY) if applicable |
|--------------------------|-----------------------|--|
| Las Vegas NV | 3/30/2023 | N/A |
| | | |
| | | |



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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | 1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration? If yes, please provide the following information for each occurrence: (*required) *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): <u>8/19/20</u> *Licensing agency/jurisdiction that took action: <u>NV Massage Board</u> *Name and address of employer/supervisor: <u>MA</u> *Reason for action: <u>Voluntary Surrender agreement</u> *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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | 2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper) |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary) _____ |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license: (a) Made sexual advances toward the person; (b) Requested sexual favors from the person; or (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board; If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required) *Date of charge/offense (MM/DD/YYYY): <u>02/7/20</u> *Name and address of law enforcement agency: <u>LUMPD 400 S. Markin Luther King Blvd, LV, 89106</u> *Charge: <u>Solicitation</u> *Disposition: <u>Case Denied - Clark County D.A. NV Set 20M02757X</u> *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: *[Signature]*

Date: 9/11/23

State of Nevada County of Clark

Signed and sworn to before me this 11 day of Sept 2023

Ping Zhang, who personally appeared before me.

[Signature]

Notary Public Signature

4/27/27

Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

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Email: nvmassagebd@lmt.nv.gov

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

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

Structural Integration Practitioner Massage Therapist Reflexologist

Nevada Veteran Data

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: | |
| <u>R-V</u> | <u>9/11/23</u> |
| 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.

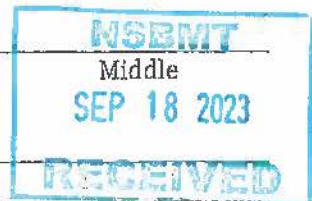
In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: Zhang Ping
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: [Signature]
 Date: 9/11/23

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

Agency Representative Signature: Kimberly Buck
 Date: 12/19/23





AMO School NV

4001 S DECATUR BLVD # 24, LAS VEGAS NV 89103
TEL: 702-280-7599 EMAIL: INFO@AMOSCHOOL.COM
HTTP://WWW.AMONV.COM

Name: Ping Zhang

Student ID: AMP010223D29

CUM GPA: 2.0

Date of Birth: 12/07/1972

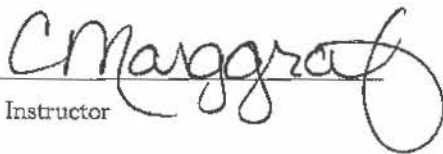
Start Date: 01/02/2023

Graduation Date: 06/28/2023

Official Student Academic Transcript

| Professional Massage Therapist Program 650 Hours | | | |
|--|----------|-----------------------|----------|
| 285 Hours Theory | | 365 Hours Practicum | |
| SUBJECT | HRS | SUBJECT | HRS |
| 1. Health & Safety | 10 | 1. Swedish | 75 |
| 2. Contraindications | 16 | 2. Tuina Massage | 75 |
| 3. Special Population | 19 | 3. Reflexology | 15 |
| 4. Traditional Chinese Medicine | 20 | 4. Trigger Point | 15 |
| 5. Meridian | 10 | 5. Neuro Muscular | 15 |
| 6. Anatomy & Physiology | 105 | 6. Sport Massage | 30 |
| 7. Kinesiology | 20 | 7. Myofascial Release | 15 |
| 8. Pathology | 40 | 8. Hydrotherapy | 15 |
| 9. Professional Business | 20 | 9. Lymphatic Drainage | 15 |
| 10. Professional Ethics | 25 | 10. Chair Massage | 15 |
| | | 11. Clinic | 80 |
| Theory GPA | C | Practicum GPA | C |

GPA: A 100-90%. B 89 - 80%. C 79 - 70%. D 69 - 65 F- Fail 64 - 0% T = Transfer


Instructor


Director



AMO School NV



This Certifies That

Ping Zhang

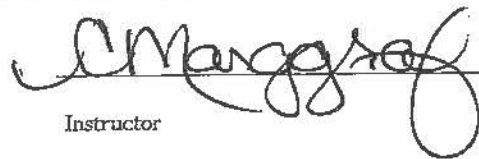
Has successfully completed the Program
**Tuina Professional
Massage Therapist (650 Hours)**

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

Diploma

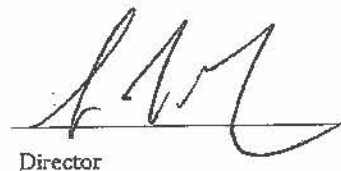


AMO SCHOOL NV


Instructor

01/02/2023 - 06/28/2023

Date


Director



176353/2132/199227/200884 Ping Zhang - E176353

Level 3 Diploma in Holistic Massage (603/4097/6) - 2132

Pass Simplified Chinese

11/04/2023 RQF AMO Massage School (X500486)



BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Ping Zhang,

Licensed Massage Therapist
Nevada License No. NVMT.4297,

Respondent.

Case No. NVMT-C-2012

**COMPLAINT AND
NOTICE OF HEARING**

The Nevada State Board of Massage Therapy (Board), by and through its Executive Director, Sandra Anderson, hereby notifies Ping Zhang ("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 February 7, 2020, Respondent, while working at Oriental Spa located at 4355 W. Spring Mountain Rd. Suite #202, Las Vegas, Nevada 89103, 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

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, August 19, 2020, commencing at 9:00 a.m.**

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

18 Register in advance for this meeting:

19 <https://zoom.us/j/98844482882?pwd=YnVWeHBaMEtWZWFnZmdJRXRwYlpqQT09>

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

22 Meeting ID 988-4448-2882

23 Password 246012

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

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

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

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 16th day of July, 2020.

19 **NEVADA STATE BOARD OF MASSAGE THERAPY**

20 
21 _____
22 SANDRA ANDERSON, Executive Director
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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on July 17, 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:

Ping Zhang
4584 Plum Island Ct.
Las Vegas, NV 89147

9489 0090 0027 6226 3397 46

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

NEVADA STATE BOARD OF MASSAGE THERAPY


Employee

COPY

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Ping Zhang,

Licensed Massage Therapist
Nevada License No. NVMT.4297,

Respondent.

Case No. NVMT-C-2012

**VOLUNTARY SURRENDER
IN LIEU OF OTHER DISCIPLINE**

I, Ping Zhang, wish to voluntarily surrender my Nevada Massage Therapy License.

1. It is alleged that:

a. On or about February 7, 2020, Respondent, while working at Oriental Spa located at 4355 W. Spring Mountain Rd. Suite #202, Las Vegas, Nevada 89103, was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

2. I admit that these facts may constitute grounds for disciplinary action pursuant to NRS 640C.700(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;

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

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

6. I am aware of the foregoing rights in paragraph five (5), and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting my voluntary surrender of my massage therapist license in lieu of other disciplinary action.

- 1 7. I understand this Voluntary Surrender is considered disciplinary action and as such will
- 2 become part of my permanent record.
- 3 8. I understand this Voluntary Surrender is considered public information.
- 4 9. I understand this Voluntary Surrender is considered disciplinary action and will be reported to
- 5 the national repository, which records disciplinary action taken against licensees, or any
- 6 agency or another state, which regulates the practice of Massage Therapy.
- 7 10. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board
- 8 as evidence against me to establish a pattern of behavior and for the purpose of proving
- 9 additional acts of misconduct.
- 10 11. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil
- 11 penalties or sanctions in any other matter.
- 12 12. I understand that this surrender is effective on the date it was accepted by the Board, which
- 13 was August 19, 2020.
- 14 13. I agree not to apply for re-licensure with the Board as a massage therapist until THREE years
- 15 have passed from the date of the Board's acceptance of this Voluntary Surrender, which was
- 16 at its meeting held on August 19, 2020.

15 I, Ping Zhang, by my signature affixed below, agree with the foregoing facts and representations and
 16 thus choose to voluntarily surrender my License to practice as a massage therapist in Nevada.

17 NEVADA STATE BOARD OF MASSAGE THERAPY retains jurisdiction in this case until
 18 all conditions have been met to the satisfaction of the Board.

19
 20 NEVADA STATE BOARD
 21 OF MASSAGE THERAPY

RESPONDENT

21 *Daniy Huleva* 8/31/2020
 22 Board Chair Date

Ping Zhang 8/19/20
 Ping Zhang, Respondent Date

Approved by:

[Signature]

Kirk Kennedy, Esq. Date
 815 S. Casino Center Blvd
 Las Vegas, NV 89101
 Attorney for Ping Zhang

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ORIGINAL



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 7, 2023

Ping Zhang
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. Zhang:

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.

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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

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