

NEVADA STATE BOARD OF MASSAGE THERAPY



AGENDA ACTION SHEET

**TITLE:** Application Review (Criminal History)

**MEETING DATE:** November 4, 2020

**APPLICANT:** Jiazhen Zou

**REVIEW UNDER:** NRS 640C.700

**BACKGROUND INFORMATION:**

Ms. Zou's reflexology application is before you today due to potential criminal history that could not be approved administratively. Ms. Zou was previously scheduled for August 19, 2020 for a Board application review. Legal Counsel Kirk Kennedy requested a continuance. Ms. Zou was arrested on July 24, 2018 for solicitation/engage in prostitution by Las Vegas Metropolitan Police Department. Solicitation/engage in prostitution was later dismissed. Ms. Zou has previously been cited twice by Nevada State Board of Massage for practicing without having a license at the same business location as the arrest. Ms. Zou is requesting to be granted a license under NRS 640C.400 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to deny this application based on NRS.640C.700(4)(6) & (9).

**ACTION:**

- Approved
- Probation

- Denied – NRS 640C. \_\_\_\_\_
- Tabled

**PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:**

<input type="checkbox"/> A. Report 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. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

**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
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.

Board Meeting Application review:

Summary of Jiazhen Zou arrests/charges:

02/27/2015 – Ms. Zou was cited by Compliance Inspector B. Howard at Thousand Foot Spa in Las Vegas for practicing without having acquired a license or with an expired license. Ms. Zou was given a fine of \$500.00 and an administrative fee of \$150.00. Amount of \$650.00 was paid on 3/5/2015.

5/05/2016 – Ms. Zou was issued a citation by LVMPD for offering to perform a massage without having a valid license. Citation by NSBMT was not issued.

07/24/2018 – Ms. Zou was arrested by LVMPD at Thousand Foot Spa or Thousand Feet Reflexology for solicit/engage in prostitution. According to records from LVMPD, Ms. Zou agreed to have sex for \$200.00 with an undercover detective.

07/24/2018 – Ms. Zou was cited by Compliance Inspector C. Brunner at Thousand Foot Spa in Las Vegas for practicing without having acquired a license or with an expired license. Ms. Zou was given a fine of \$1,000.00 and an administrative fee of \$150.00. Amount of \$1,150.00 was paid on 12/20/2018.

Prepared by Tereza Van Horn, Executive Assistant



**NSBMT**  
 AUG 07 2019  
**RECEIVED**

**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@state.nv.us](mailto:nvmassagebd@state.nv.us)

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 ZOU First JIAZHEN 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 City State Zip

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

Business Name:

Business Address:  
 Street 7251 Shannon Ridge Ct City Las Vegas State NV Zip 89118

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, Reflexology and Structural Integratorist. 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.

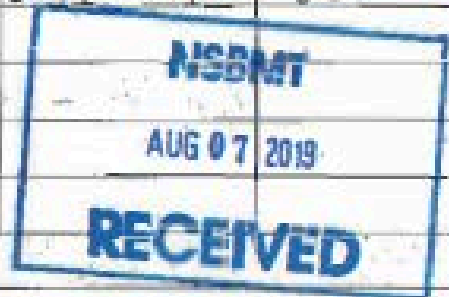
Jurisdiction/State	License Number	Year Issued (YY YY)	Expiration Date (MM/DD/YY)
CLARK COUNTY / Nevada	2000587-062-220	02/01/2019	01/31/2020

### Section 4 Massage Training and Education

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
FUZURA	Las Vegas / Nevada	2019-2019	200



### Section 5 National Exam Information

MBLEX  NCETM  NCETMB  IASI  ITEC  ARCB  IIR  NCBTMB-R

**Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, IASI, ITEC, ARCB, IIR or NCBTMB-R.**

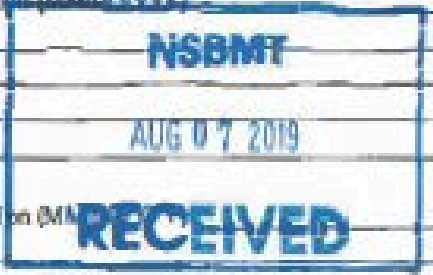
The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY)
Las Vegas, NV	8/27/18	8/27/20

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 type="checkbox"/> No <input checked="" 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: <i>(required)</i> *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: _____ *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: <i>(required)</i> *Date of charge/offense (MM/DD/YYYY): <u>7/24/2018</u> *Name and address of law enforcement agency: <u>LVMPD, 4005 MLK Blvd.</u> <u>LV, NV 89106</u> *Charge: <u>Soliciting Prostitutes; LV Justice Court 18M1754 BY</u> *Disposition: <u>Dismissed 9/13/18</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.

**Supplement to Answer for Section 6, Question 4:**

**On July 24, 2018, Zou was arrested for one count of soliciting prostitution in Las Vegas. The case was assigned to the Las Vegas Justice Court, Dept. 5 under case number 18M17548X.**

**Zou has no prior criminal history and this was her first offense in her life. She is now 56 years old. Zou contests the underlying basis for her arrest. She contends that she did not engage in any conduct which violates Nevada law and that there was no legal or factual foundation for her arrest.**

**Due to the inherent factual deficiencies with the arrest, the DA's Office agreed to dismiss the matter upon payment of a token \$250 bail forfeiture. On September 13, 2018, the case was dismissed and the matter closed.**



# 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.

Date 8/9/2019

Signature of Applicant: \_\_\_\_\_

State of Nevada County of USA

Signed and sworn to before me this 5 day of August, 2019

Jiazhen Zou, who personally appeared before me.

Erika W. Magana  
Notary Public Signature

4/27/23  
Notary commission expiration date

(Official Stamp)







**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

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Email: [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

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**

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.







FINGERPRINT BACKGROUND WAIVER

NSBMT
AUG 07 2019
RECEIVED

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the Nevada State Board of Massage Therapy that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. F, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI/CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize Nevada State Board of Massage Therapy, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

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

Applicant's Name: Zou, Jianzhen Applicant's Signature: Jianzhen Zou

Date: 8/5/19 (PLEASE PRINT LAST, FIRST, MIDDLE)

[Handwritten signature]

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buchingham Signature: Kim Buchingham Date: 8/13/19



**OFFICIAL TRANSCRIPT**

**Professional Practice of Reflexology (200-Hour Course)**

DATE OF BIRTH: \_\_\_\_\_ ID: \_\_\_\_\_  
 START DATE: 02/12/2019 COMPLETION DATE: 06/25/2019

<u>UNIT</u>	<u>SUBJECT</u>	<u>HOURS</u>	<u>GRADE</u>
A.	Reflexology History, Theory and Scope of Practice	25	A+
B.	Reflex Areas of the Feet, Hands and Ears: Identification and Treatment Methods	30	A+
C.	Practical Applications of Reflexology	40	B+
D.	Professional Practice of Reflexology: Health, Safety, Hygiene, Ethics and Business	15	A
E.	Supervised Practice	<u>90</u>	PASS

TOTAL HOURS: 200

FINAL GRADE: A



\_\_\_\_\_  
 Qian Yang, CMT, Assistant  
 Director

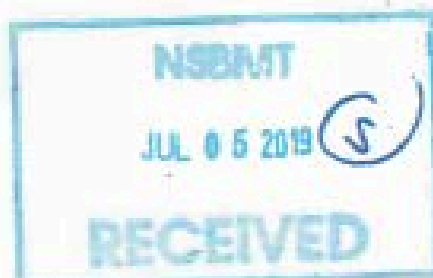
Date: 6-25-19

**FuZuBa**  
SCHOOL OF  
**Massage & Reflexology**



**Certificate of Graduation**

I hereby certify that Zou, Jia Zhen having successfully completed the 200-hour course in Professional Practice of Reflexology, is hereby awarded the Certificate of Graduation this Twenty-Fifth day of June, 2019 with all the rights and responsibilities thereto attached.



**Qian(Chelsea) Yang**  
**Director**

## Official NCBTMB Score Report

**Jiazhen Zou**

**UNITED STATES**

**DOB:**



**Exam Name:** Reflexology Certificate Exam

**Exam Date:** 8/27/2018

**Exam Result:** PASS

Please accept this as the Official Score Report for the candidate listed above for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

If you have any questions, please contact [info@ncbtmb.org](mailto:info@ncbtmb.org) or call 630-652-0478.





August 5, 2019

Tereza Van Horn  
Executive Assistant  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Ste. 252  
Reno, NV 89502

RE: Jiazhen Zou Application

Dear Ms. Van Horn:

Please be advised that I am assisting Ms. Jiazhen Zou with her reflexology license application. Kindly forward any communication regarding this matter to my office. Thank you.

Yours truly,

A handwritten signature in black ink, appearing to read "Kirk T. Kennedy", is written over the typed name and extends across the page.

Kirk T. Kennedy, Esq.  
KTK/pf



Nevada Board of Massage Therapy

1755 E. Plumb Lane, Suite 252  
Reno, NV 89502

# Invoice

Date	Invoice #
3/5/2015	696

Phone# 775-687-9955

**PAID**  
**03/05/2015**

Bill To
Jia ZhenZou

Terms	Due Date
Net 15	3/20/2015

Description	Amount
Administrative Fine - NRS 640C.910 Practicing without a license	500.00
Administrative Fee	150.00
<b>Total</b>	<b>\$650.00</b>



**Nevada State Board  
of Massage Therapists**

1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
Phone (775) 687-9955  
Fax (775) 786-4264

Email: [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)  
Website: <http://massagetherapy.nv.gov>

**ORIGINAL**

Date: 2-27-15 Time: 2:04 pm

Name: Jia Zhen

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Establishment Name: Thousand East Spa

Dear Jia Zhen:

Enclosed is an Administrative Citation Issued pursuant to NRS 640C for one or more violations related to the practice of Massage Therapy. Please comply with the Citation by exercising one of the following options within 15 business days from the date of issuance:

1. You may remit a copy of the Citation and a cashier's check or money order in the amount of the fine stated on the Citation to: Nevada State Board of Massage Therapists, 1755 E. Plumb Lane, Suite 252, Reno, NV 89502.
2. You may submit a written request to the Board for approval of a fine payment schedule to the address listed in Option 1.
3. You may appeal the issuance of the Citation by submitting a written request to the Board at the address listed in Option 1. The Board will hear your appeal at its earliest convenience. You will be notified of the time and place of hearing by Registered or Certified mail to your last known mailing address. It is your responsibility to keep the Board apprised of your current mailing address.

Failure to comply with one of the above options may result in a referral to a Collection Agency, and/or denial of your Application for Nevada State Massage Therapist Licensure. This Administrative Citation shall not be construed as excluding or reducing any Criminal or Civil penalties or Sanctions or other remedies that may be applicable under Federal, State or Local laws and may be referred to the Nevada Attorney General's office to pursue action.

Sincerely,  
  
Bonnie Howard  
Field Inspector II  
Enclosure: Citation

**NSBMT**  
**MAR 09 2015**  
**Received**



NEVADA STATE BOARD OF MASSAGE THERAPISTS  
 PRACTICE OF MASSAGE THERAPY UNLICENSED CITATION

NSBMT

MAR 09 2015

THIS Received

THE NEVADA STATE BOARD OF MASSAGE THERAPISTS HEREBY ISSUES THIS CITATION TO:

SS # \_\_\_\_\_ D.O.B. 01/20/78 DL/ID # \_\_\_\_\_ W

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPISTS REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY, THAT ON OR

ABOUT 2:04 pm on 2/27/15, Decatur Blvd #4, LV, NV 89103

THE ABOVE NAMED PARTY DID ENGAGE IN THE FOLLOWING ACTIVITY, TO WIT: 2:04 pm 2-27-15

- 640C.810 Practicing Without Having Acquired a License or With an Expired License
- 640C.820 Copying License for Display
- 640C.830 Advertising Without a License or with an Expired License
- 640C.480 Practicing Without Display of Original License
- NAC 640C.350 Advertising Without License Number
- NAC 640C.200 to NAC 640C.310 Sanitation Violation (4<sup>th</sup>)
- NAC 640C.380 to 640C.410 Standards of Practice & Unprofessional Conduct
- NAC 640C.230(2) Domestic Purposes (4<sup>th</sup>)
- 640C.700(12) On Probation Working Without Supervising LMT Present

**ORIGINAL**

You are further ordered to Cease and Desist from any and all activity that relates to the practice of Massage Therapy and requires a license pursuant to NRS 640C. Failure to immediately Cease and Desist from any and all activity that relates to the practice of Massage Therapy may result in your being cited for additional violations.

Pursuant to NRS 640C, you may appeal the finding of this violation of NRS 640C by written request to the Nevada State Board of Massage Therapists within 15 business days after the date of issuance of this Citation.

Pursuant to NRS 640C. 710, the Board shall assess Administrative Fines and Fees for violation of NRS 640C:

Administrative Fines	Administrative Fee
1. \$ <u>500</u> for the first violation of	\$150.00
2. \$ _____ for the second violation of	
3. \$ _____ for the third and each subsequent violation of	

I, Bonnie Howard, a representative of the Nevada State Board of Massage Therapists, hereby issue this Citation to the above named party for the described violation and for a fine, and an administrative and investigation fee in the total amount of \$ 650 due and payable within 15 business days.

SIGNATURE \_\_\_\_\_ SIGNATURE OF REPRESENTATIVE \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_ PRINT NAME Bonnie Howard DATE 2-27-15





### Administrative Citation

Nevada State Board of Massage Therapy  
 1725 E. Flamingo Lane, Suite 252 Reno, NV 89502  
 P: (775) 687-9935 E: nvmassagebd@state.nv.us  
 Website: <http://massagetherapy.nv.gov>

Date: 07 / 24 / 2018

Time: 4:10pm  
 Establishment  
 Licensee  Other

Name: Ja Zou DL/D: \_\_\_\_\_ ST \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: NV Zip: 89118  
 Email: UNK  
 Business Name: Thousand Foot Spa  
 Business Address: 5300 Spring Mountain Ste #108 Las Vegas, NV 89145

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPY REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY THAT THE ABOVE-NAMED PARTY DID ENGAGE IN THE FOLLOWING ACTIVITY(IES):

Violation	Offense/Fine			Total
	NAC/NRS Code	First	Second	
NAC 640C.200 Facilities	\$200	\$500	\$1000	
NAC 640C.210 Lubricants	\$200	\$500	\$1000	
NAC 640C.220 Structure	\$200	\$500	\$1000	
NAC 640C.230 Room	\$200	\$500	\$1000	
NAC 640C.240 Linens	\$200	\$500	\$1000	
NAC 640C.250 Clothing	\$200	\$500	\$1000	
NAC 640C.260 Water	\$200	\$500	\$1000	
NAC 640C.270 Bathing facilities	\$200	\$500	\$1000	
NAC 640C.280 Sewage	\$200	\$500	\$1000	
NAC 640C.290 Garbage	\$200	\$500	\$1000	
NAC 640C.300 Laboratories	\$200	\$500	\$1000	
NAC 640C.310 Duties/Licensee	\$200	\$500	\$1000	
NAC 640C.350 Advertisements - Licensees	\$100	\$250	\$500	
NAC 640C.350 Advertisements - Any Person	\$1000	\$2500	\$5000	
NAC 640C.400 Sexual Activity	\$1000	\$2000	\$5000	
NRS 640C.450 License Display	\$200	\$500	\$1000	
NRS 640C.500 License Expiration	\$200	\$500	\$1000	
NRS 640C.700 Grounds/disciplinary action	\$1000	\$2000	\$5000	
<input checked="" type="checkbox"/> NRS 640C.810 (1)(a) (b) and/or (d) or (2)(b) and/or (c) Prohibited Activities without license	\$1000	\$2000	\$5000	
NRS 640C.830 Unlawful acts/licenses	\$1000	\$2000	\$5000	
NRS 640C.700 (1A) or 930 Unlawful acts/advertising	\$500	\$1500	\$2500	

**☒ Cease and Desist** You are further ordered to Cease and Desist from any and all activity that relates to the practice of massage therapy, reflexology or structural integration and requires a license pursuant to NRS 640C. Failure to immediately Cease and Desist from any and all activity that relates to the practice of massage therapy, reflexology or structural integration may result in your being cited for additional violations.

The Nevada State Board of Massage Therapy hereby issues this citation to the above-named party for the described violation, fine and administrative fee in the total amount of **\$3,150.00** due and payable within 15 business days.

Mailed/Certified  
 Signature and Date  
71 7199 9991 7038 9592 8441  
 Print Name

*C. Bruner* 8/30/18  
 NSBMT Representative and Date  
 C. Bruner  
 Print Name

This is an administrative citation issued pursuant to NRS 640C.755 for one or more violations related to the practice of Massage Therapy, Reflexology or Structural Integration. Please comply with the citation by exercising one of the following options within 15 business days from the date of issuance:

1. You may remit a copy of the Citation and a cashier's check or money order in the amount of the fine stated on the Citation to:

**Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Suite 252  
Reno, NV 89502**

2. You may submit a written request to the Board for approval of a fine payment schedule.
3. You may appeal the issuance of the citation by submitting a written request to the Board at the address listed in Option 1. The Board will hear your appeal at its earliest convenience. You will be notified of the time and place of hearing by registered or certified mail to your last known mailing address. It is your responsibility to keep the Board apprised of your current mailing address.

Failure to comply with one of the above options may result in a referral to a collection agency, and/or denial of your application for Nevada State Massage Therapy, Reflexology or Structural Integration Licensure. This administrative citation shall not be construed as excluding or reducing any criminal or civil penalties or sanctions or other remedies that may be applicable under federal, state or local laws and may be referred to the Nevada Attorney General's office to pursue action.

Violation NAC/NRS Code	Offense		
	First	Second	Third
NAC 640C.200 Required facilities: sanitary and safety requirements	\$200	\$500	\$1000
NAC 640C.210 Lubricants; spa treatments, muds and body wraps	\$200	\$500	\$1000
NAC 640C.220 Exterior doors and windows, walls ceilings and floors	\$200	\$500	\$1000
NAC 640C.230 Room in which massage therapy is performed	\$200	\$500	\$1000
NAC 640C.240 Towels, linens and gowns; single service items	\$200	\$500	\$1000
NAC 640C.250 Clothing and hygiene requirements	\$200	\$500	\$1000
NAC 640C.260 Water supply and water distribution system piping	\$200	\$500	\$1000
NAC 640C.270 Bathing facilities	\$200	\$500	\$1000
NAC 640C.280 Disposal of sewage and liquid water	\$200	\$500	\$1000
NAC 640C.290 Garbage and refuse	\$200	\$500	\$1000
NAC 640C.300 Toilets and lavatories	\$200	\$500	\$1000
NAC 640C.310 Maintenance; Duties of a massage therapist	\$200	\$500	\$1000
NAC 640C.350 Advertisements to include license number of licensee	\$100	\$250	\$500
NAC 640C.350 Advertisements – Any Person	\$1000	\$2500	\$5000
NAC 640C.400 Sexual Activity	\$1000	\$2000	\$5000
NRS 640C.450 Display of license; replacement license	\$200	\$500	\$1000
NRS 640C.500 Expiration, renewal and restoration of license	\$200	\$500	\$1000
NRS 640C.700 Grounds for disciplinary action	\$1000	\$2000	\$5000
NRS 640C.910(1)(a)(b)and/or(c) or (2)(b)and/or(c) Certain acts prohibited without license –Offering top cr f o r m massage without a license	\$1000	\$2000	\$5000
NRS 640C.920 Unlawful acts relating to licenses	\$1000	\$2000	\$5000
NRS 640C.700(14) or 930 Unlawful acts and requirements relating to advertising	\$500	\$1500	\$2500



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Website: <http://massagebd.state.nv.gov>

August 26, 2019

Kirk Kennedy  
815 S. Casino Blvd.  
Las Vegas, NV 89101

Re: Jiazhen Zou -- Disposition of Record

Dear Mr. Kennedy,


In order to complete Ms. Zou's application, we need to have the following documents to continue processing the application:

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 Ms. Zou's arrest of July 24, 2018.
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court Ms. Zou's attended for the arrest on July 24, 2018. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) appeared at regarding Ms. Zou's arrest of July 24, 2018. **Online printouts cannot be accepted.**
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Ms. Zou's background check will expire on **01/30/2020**. Ms. Zou's massage license must be completed and issued by the above expiration date, or she will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Sincerely,

  
Tereza Van Horn  
Executive Assistant

**COPY**

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**

**REGISTER OF ACTIONS**  
CASE NO. 18M17548X

State of Nevada vs. ZOU, JIA ZHEN

§  
§  
§  
§  
§

Case Type: Misdemeanor  
Date Filed: 08/10/2018  
Location: JC Department 6

**PARTY INFORMATION**

**Defendant** ZOU, JIA ZHEN **Lead Attorneys**  
Kirk T Kennedy  
Retained  
702-385-5534(W)

**State of Nevada** State of Nevada

**CHARGE INFORMATION**

Charges: ZOU, JIA ZHEN	Statute	Level	Date
1. Solicit/engage in prostit [51015]	201.354.2	Misdemeanor	07/24/2018

**EVENTS & ORDERS OF THE COURT**

**DISPOSITIONS**

09/08/2018 **Plea** (Judicial Officer: Cruz, Cynthia)  
1. Solicit/engage in prostit [51015]  
Submittal

09/06/2018 **Disposition** (Judicial Officer: Cruz, Cynthia)  
1. Solicit/engage in prostit [51015]  
Adjudication Deferred

09/06/2018 **Submittal - Plea and Disposition Pending** (Judicial Officer: Cruz, Cynthia)  
1. Solicit/engage in prostit [51015]  
Condition - Adult:  
1. Stay Out of Trouble, Pendency of the case 09/06/2018, Active 09/06/2018  
2. If so, to be dismissed, If not, to be found Gully and Sentenced 09/06/2018, Active 09/06/2018  
3. If all requirements not completed, defendant to be held in Contempt of Court 09/06/2018, Active 09/06/2018  
Fee Totals:  
Cash Bond Criminal Deferred Disposition Fee \$250.00  
Fee Totals \$ \$250.00

09/13/2018 **Amended Disposition** (Judicial Officer: Cruz, Cynthia) Reason: Per Negotiations  
1. Solicit/engage in prostit [51015]  
Dismissed After Diversion - Requirements Completed

09/13/2018 **Amended Requirements Complete** (Judicial Officer: Cruz, Cynthia) Reason: Per Negotiations  
1. Solicit/engage in prostit [51015]  
Condition - Adult:  
1. Stay Out of Trouble, Pendency of the case 09/06/2018, Satisfied 09/13/2018  
2. If so, to be dismissed, If not, to be found Guilty and Sentenced 09/06/2018, Closed 09/13/2018  
3. If all requirements not completed, defendant to be held in Contempt of Court 09/06/2018, Satisfied 09/13/2018  
Fee Totals:  
Cash Bond Criminal Deferred Disposition Fee \$250.00  
Fee Totals \$ \$250.00

**OTHER EVENTS AND HEARINGS**

07/24/2018 **Standard Bail Set**  
Ct1: \$1000 Cash/\$1000 Surety

07/24/2018 **CTRACK Track Assignment** JC05

07/24/2018 **Administrative Own Recognizance Release**

07/24/2018 **Release Agreement**

07/25/2018 **Temporary Custody Record**

07/30/2018 **CTRACK Case Modified**  
Jurisdiction/DA;

08/10/2018 **Criminal Complaint**

08/23/2018 **CANCELED** Misdemeanor Court Return Date (7:45 AM) (Judicial Officers Senior/Visiting, Judge, Bixler, James)  
Criminal Complaint Filed  
O/R

08/23/2018 **Arraignment** (7:45 AM) (Judicial Officers Senior/Visiting, Judge, Bixler, James)  
No bail posted  
Result: Matter Heard

08/23/2018 **Counsel Confirms as Attorney of Record**  
K. Kennedy, Esq.



08/23/2018 **Arraignment Completed**  
*Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint*  
 08/23/2018 **Motion to Continue - Defense**  
*No objection by State - Motion Granted*  
 08/23/2018 **Continued For Negotiations**  
 08/23/2018 **Minute Order - Department 05**  
 09/08/2018 **Negotiations (7:45 AM) (Judicial Officer Cruz, Cynthia)**  
*No Bail Posted*  
 Result: Matter Heard  
 09/08/2018 **Defendant Waives the Right to Trial**  
 09/08/2018 **State Not Seeking Jail Time**  
 09/08/2018 **Status Check on Requirements**  
 09/08/2018 **Minute Order - Department 05**  
 09/13/2018 **Status Check (7:45AM) (Judicial Officer Cruz, Cynthia)**  
*No Bail Posted*  
 Result: Matter Heard  
 09/13/2018 **Fine Payment In Court**  
*\$260.00 Fine Payment In Court -*  
 09/13/2018 **Defendant Stayed Out of Trouble**  
 09/13/2018 **Case Closed - Dismissed**  
 09/13/2018 **Judgment Entered**  
 09/13/2018 **Minute Order - Department 05**  
 09/13/2018 **Notice of Disposition and Judgment**

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**FINANCIAL INFORMATION**

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	<b>Defendant ZOU, JIA ZHEN</b>		
	Total Financial Assessment		250.00
	Total Payments and Credits		250.00
	Balance Due as of 08/08/2019		0.00
09/06/2018	Transaction Assessment		250.00
09/13/2018	Payment (Court)      Receipt # CRS-2018-04345	Kennedy, Kirk T	(250.00)





# OFFICIAL RECEIPT

Las Vegas Justice Court 200 Lewis Ave, 2nd Floor Las Vegas NV 89155 Criminal Division

Payor  
Kennedy, Kirk T  
315 S Casino Center BLVD  
Las Vegas, NV 89101

Receipt No.  
**CRS-2018-04345**

Transaction Date  
09/13/2018

Description	Amount Paid
ZOU, JIA ZHEN	
18M17548X	
State of Nevada vs. ZOU, JIA ZHEN	
Cash Bond Criminal Deferred Disposition Fee	250.00
<b>SUBTOTAL</b>	<b>250.00</b>
Remaining Balance Due: \$0.00	

**PAYMENT TOTAL 25000**

Cash Tendered	250.00
Total Tendered	<b>250.00</b>
Change	0.00

09/13/2018  
08:07 AM

Cashier NMD  
Station 7ABC

Audit  
40343741

## OFFICIAL RECEIPT





**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@state.nv.us](mailto:nvmassagebd@state.nv.us)

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

February 12, 2020

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

RE: Criminal History Background Check- Jiazhen Zou

Mr. Kennedy:

Ms. Zou's Criminal History Background Results have expired as of **January 31, 2020**. Due to the fact that we are unable to process the license before the expiration of Ms. Zou's fingerprints, you will need to submit another set of fingerprints along with a \$85.00 cashier's check or money order.

Please choose one of the following Fingerprint processes so we may send you the appropriate materials to be fingerprinted again.

Request Live Scan Application - Processing four to six **weeks**  
(Live Scan not available in rural areas or outside of Nevada)

Request Fingerprint Cards – Processing six to eight **weeks**

Please return this form to the address listed above with the \$85.00 fee as soon as possible.

Please note; applications stay on file for one year. Ms. Zou's application will expire on July 31, 2020.

If you have any questions, please email us at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn  
Executive Assistant  
NSBMT

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**

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February 12, 2020

**NSB**

**FEB 24 2020**

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

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Reno Phone (775) 687-9955

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

July 17, 2020

Jiazhen Zou  
C/O Kirk Kennedy  
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. Zou:

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 August 19, 2020. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/j/98844482882?pwd=YnVWeHBaMEtWZWFNZmdJRXRwYlpqQT09>

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

Meeting ID 988-4448-2882

Password 246012

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. The meeting may last until 4:30 p.m.

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.

COPY

Sincerely,

  
Sandra J. Anderson  
Executive Director  
Cc: Kirk T. Kennedy

9489 0090 0027 6226 3397 84







**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

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

August 20, 2020

Jiazhen Zou  
C/O Kirk T. Kennedy  
815 S. Casino Center Blvd.  
Las Vegas, NV 89101

COPY

RE: Criminal History Background Check

Ms. Zou:

Your Criminal History Background Results has expired as of **September 31, 2020**. Due to the fact that we are unable to process your license before the expiration of your fingerprints, you will need to submit another set of fingerprints along with a \$85.00 **cashier's check or money order**.

Please choose one of the following Fingerprint processes so we may send you the appropriate materials to be fingerprinted again.

Request Live Scan Application - Processing four to six **weeks**  
(Live Scan not available in rural areas or outside of Nevada)

Request Fingerprint Cards – Processing six to eight **weeks**

Please return this form to the address listed above with the \$85.00 fee as soon as possible.

Please note; applications stay on file for one year. Your application will expire on November 30, 2020. If you do not submit another set of fingerprints before the expiration date, you will need to submit a new application and pay all applicable fees.

If you have any questions, please email us at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn  
Executive Assistant  
NSBMT

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**Nevada State Board of Massage Therapy**

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August 20, 2020

Jiazhen Zou  
C/O Kirk T. Kennedy  
815 S. Casino Center Blvd.  
Las Vegas, NV 89101



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**fees.**

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Sincerely,

Tereza Van Horn  
Executive Assistant  
NSBMT

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Reno Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@mt.nv.gov](mailto:nvmassagebd@mt.nv.gov)

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

October 5, 2020

Jiazhen Zou  
C/O Kirk Kennedy  
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. Zou:

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 November 4, 2020. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/j/99858062211?pwd=ZUxVN3JKaGZwVXo4M2VkMzZEakdIZz09>

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

Meeting ID 998-5806-2211

Password 859088


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. The meeting may last until 4:30 p.m.

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,

  
Sandra J. Anderson  
Executive Director  
Cc: Kirk T. Kennedy

9489 0090 0027 6226 7362 62