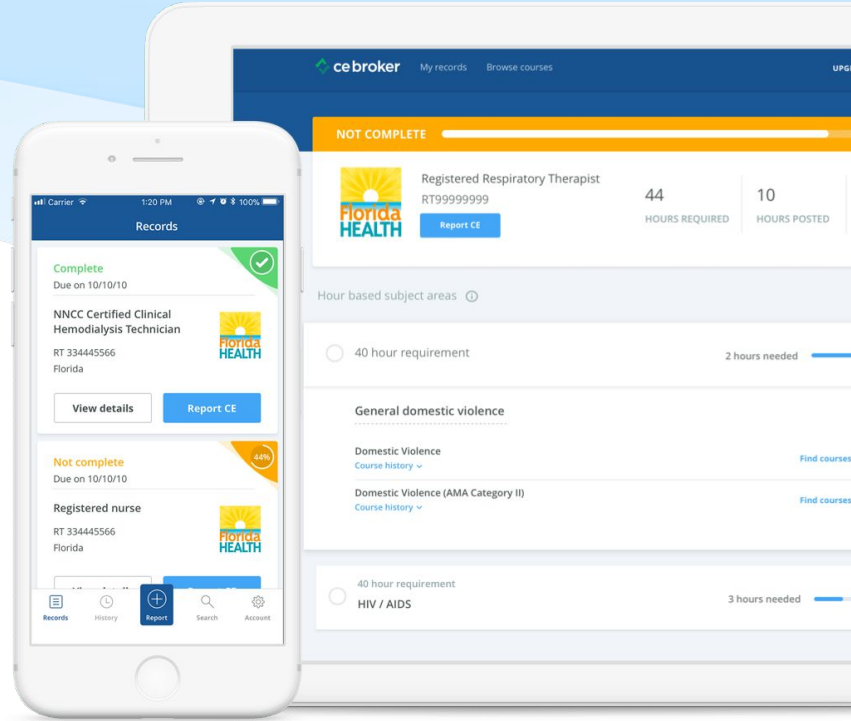




# cebroker

Trusted Across The Nation



Ohio

# Why, How, What





# The Power of the Platform

Platforms empower people and organizations like never before.

amazon.com®

airbnb

lyft

salesforce

slack

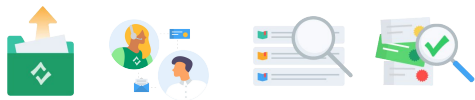
The regulatory world has been underserved by modern technology.

We are changing that.

# Product Vision

## Data-powered CE Compliance Platform

### Licensee Suite



### Provider Suite



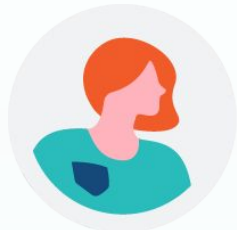
### Board Suite



# Our History



Founded in  
**2003**



Licensees  
**+2 Million**

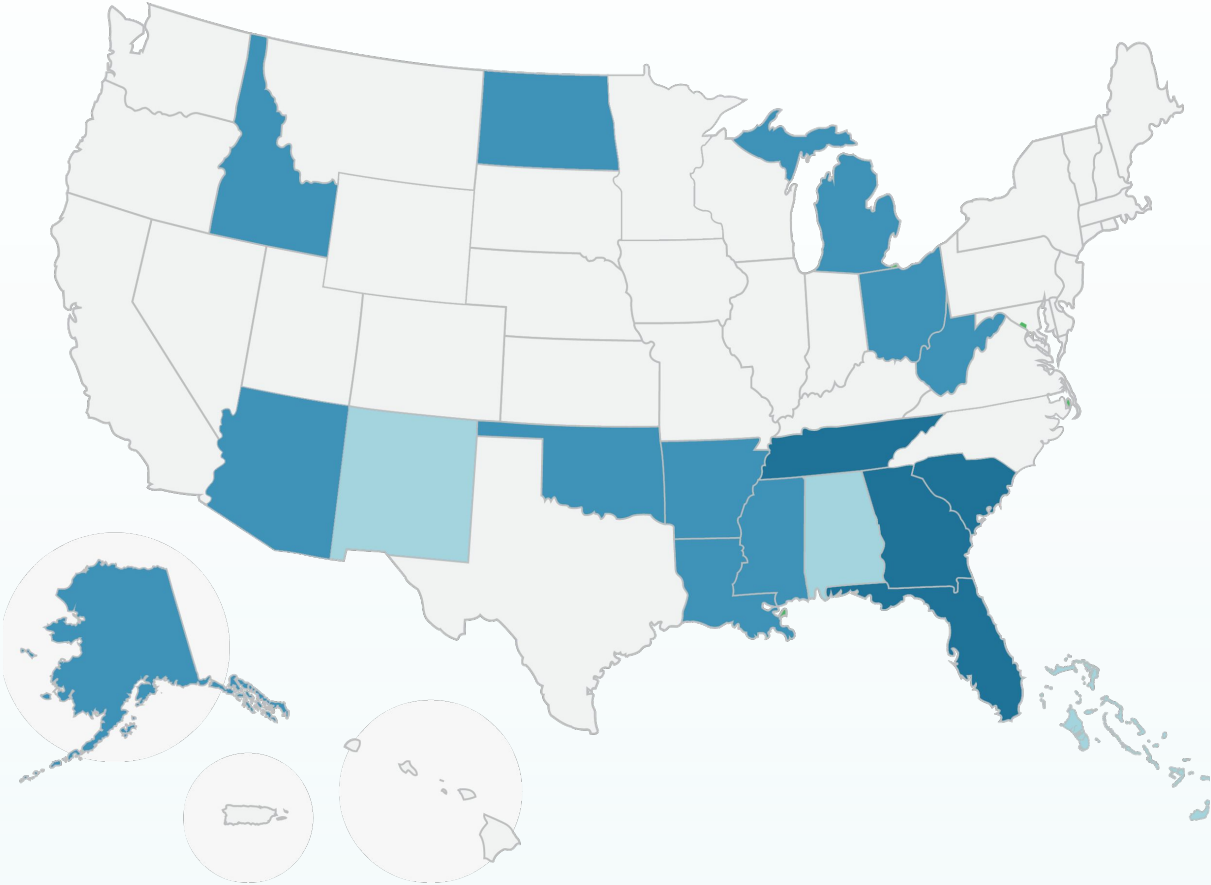


CE Providers  
**+7,000**



Boards  
**+120**

# Board Partnerships



100 - 5,000



5,000 - 100,000



100,000 - 1,000,000



# Secure, Stable, Scalable



FIPS compliant



Multiple data  
centers



Biannual stability &  
scalability testing



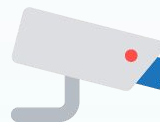
24x7x365  
IT department



DSS compliant



256-bit  
Encrypted SSL



Continuous  
monitoring



High availability  
infrastructure

# CE Broker Benefits Everyone



**Boards** can save time and money while simplifying common CE processes such as audits, verifications, and licensee communication.



**Providers** can get approval from boards faster, choose from a number of convenient reporting options, and advertise in our Course Search.

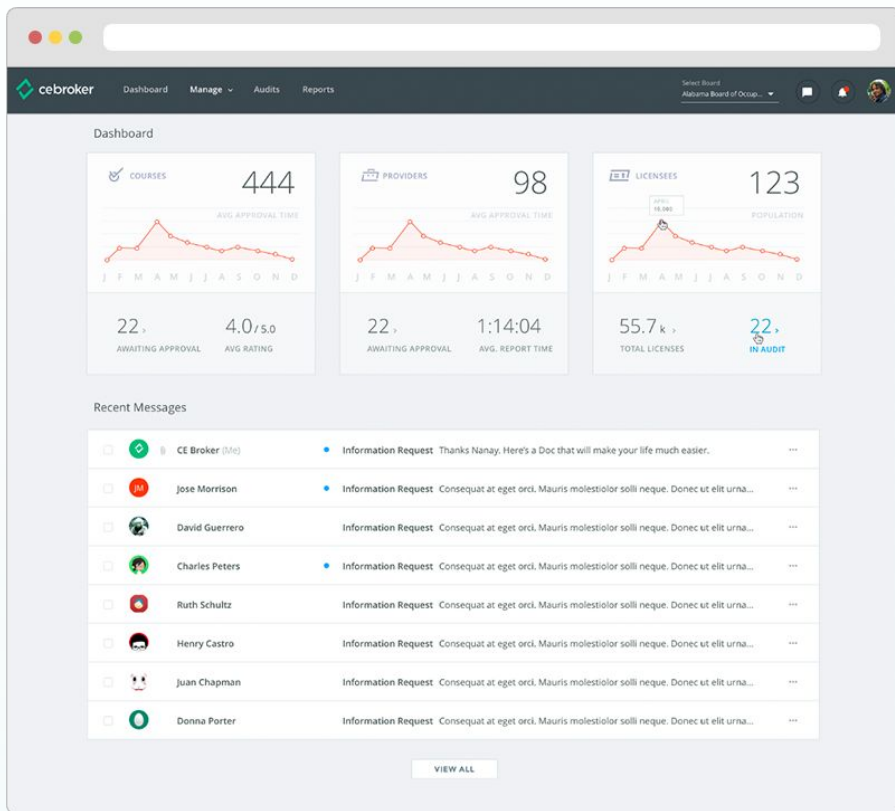


**Licensees** are given a suite of comprehensive tools that simplify CE management and increase CE compliance.

# The Board Suite

For Regulating Boards

# The Board Suite



Each board office and designated staff user will have a secure account where they may perform CE audits, individual approvals, and more.

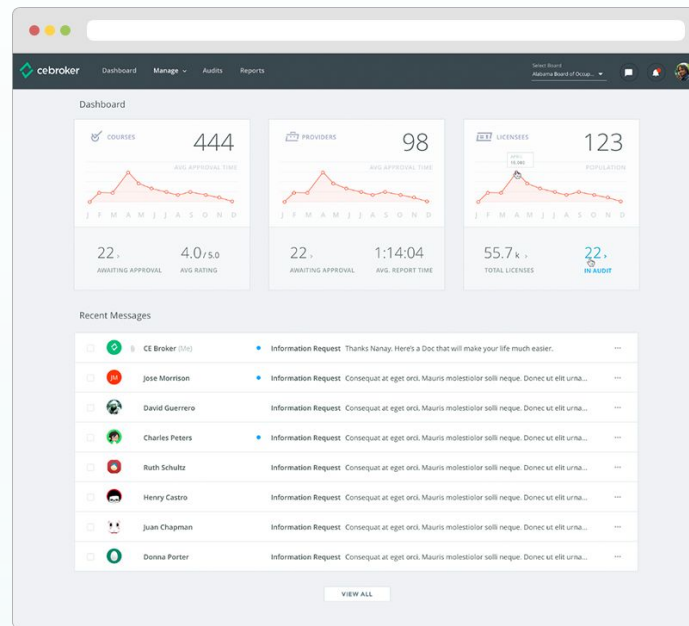


# The Board Suite

Each board office and designated staff user will have a secure account that includes various CE management tools regarding registered educational providers.

## Tools available to board users:

- Paperless communication between board staff and CE providers
- Approval queues with reminder messages to designated staff members
- Review flow where individual applications can be routed to other users
- Paperless history of provider requests, responses, approvals, course offerings, and CE data



# Simplifying Audits

## Option 1

---

Compliance at Renewal

## Option 2

---

Standard Post-Renewal  
Audit

# Simplifying Audits

## Option 1

### Enforce CE Compliance at the time of renewal

- Licensees attempt to renew online
- The licensing database may query CE Broker in real-time to check for current compliance status
- If licensees reflect as non-compliant, the board may enforce a “hard-stop” or “soft-stop” before permitting license renewal

# Simplifying Audits

## Option 2

### **Standard post-renewal audit**

Licensees apply to renew their license anytime within their window.

CE Broker automates the process with an efficient, digital audit dashboard. View all of your licensees' compliance status with a wide range of reports and audit criteria.

# Provider Approvals



Centralized, digital applications which collect all required documentation



Approval flow to simplify the process for board staff



Unique tracking number for approved courses



Unique tracking number for each approved provider



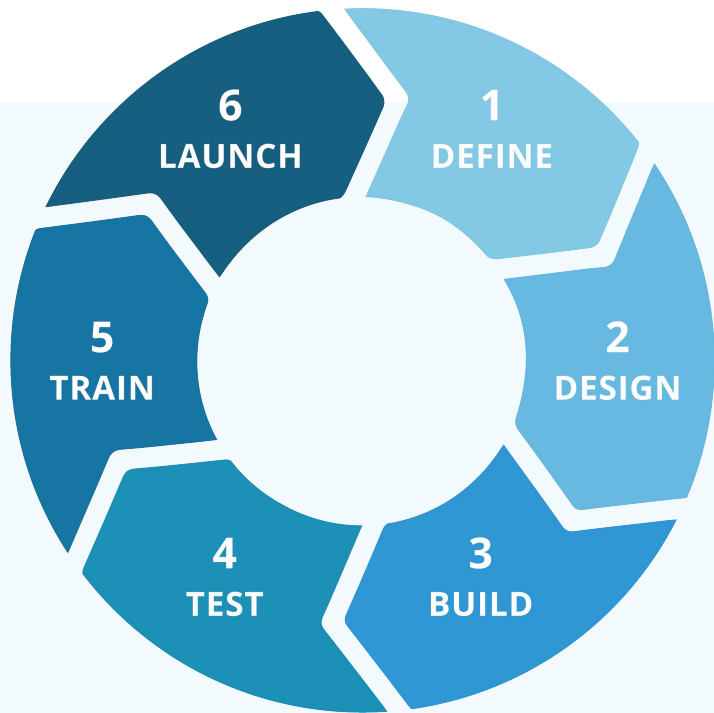
Internal communication and data exchange between staff and CE providers

# Simple Implementation



(Approximately 120 Days)

# Agile Methodology



**1 Define** | Our Partner Success team goes through your CE Laws & Rules to identify the scope, and level of customization required for the project.

**2 Design** | Our Implementation Specialist begins mapping out your licensure scenarios, for every possible nuance and combination of requirements. By the end of this process, we will have effectively created 100% accurate transcripts for every license type under your jurisdiction.

**3 Build** | We pass off the information gathered in our research and design phase over to the development team. Our developers immediately begin building out the system and handling any necessary customization.

**4 Test** | Our Quality Assurance team begins hands-on work to ensure the system is ready to go-live, stable, and that every licensure scenario is reflecting properly. We ensure that your staff receive a polished product, regardless of the complexity involved for any license type.

**5 Train** | Our Partner Success team will provide personalized training to ensure that your staff members become experts with the system, before launching. We use a combination of webinars, virtual recordings, and in-person meetings to bring your whole team up to speed.

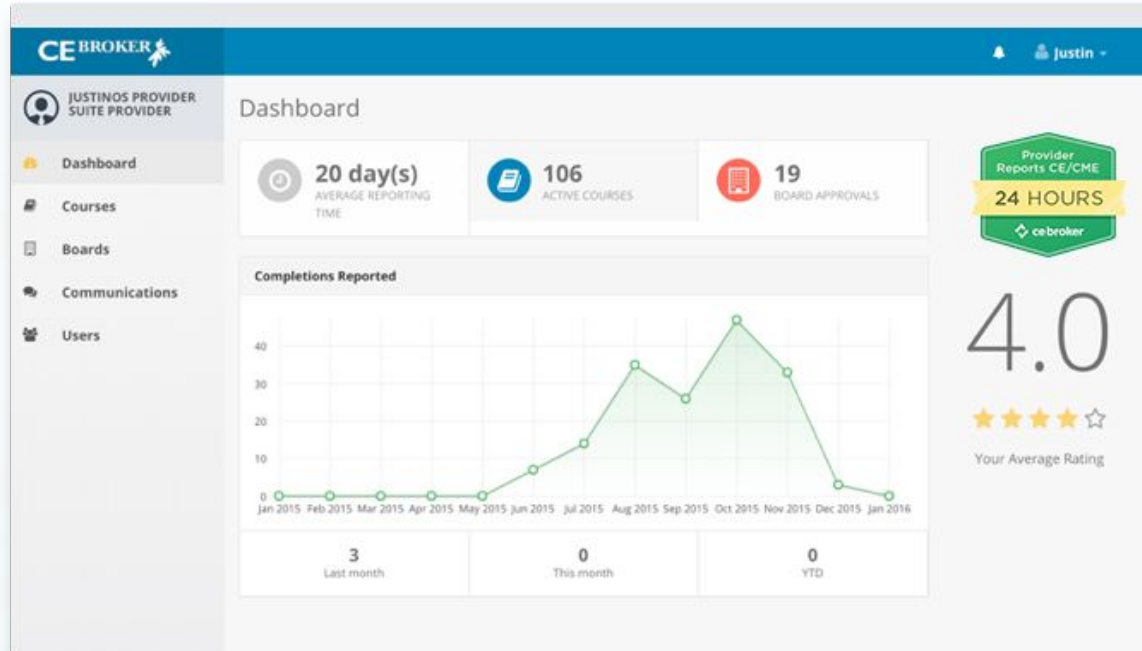
**6 Launch** | Our Marketing & Communications teams will assist your staff with the initial announcements, and ongoing outreach to licensees, providers, and associations to ensure that every stakeholder is on-board.

# The Provider Suite

For Educational Providers



# The Provider Suite



Educational providers have access to their own suite of tools designed to lift the burden of CE Compliance away from board staff and licensees.

# Add your course to our library



Course advertising gives providers a competitive edge



Search filters make it simple for licensees to find courses they need



Increased course visibility to thousands of licensees during renewal

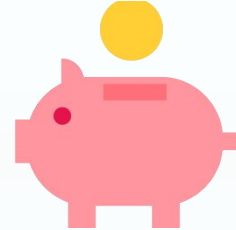


View a comprehensive list of board-approved educational material

# Get ahead of the competition



Build trust with licensees  
by reporting quickly or  
automatically via CE Broker



Save time and money by going  
paperless and switching to  
digital recordkeeping

# Reporting Options



## Educational Provider Reporting

To accomodate a large array of educational providers - our suite supports multiple reporting options. This includes one-by-one submissions, bulk record uploads, and complete integration for automated reporting.



## Licensee Self-Reporting

Licensees can easily report CE at any time from multiple devices. During submission, the licensee must answer state-determined questions, and attach corresponding documentation to complete the submission.

# Reporting Options for Providers

## Option 1

---

One-by-one

## Option 2

---

Bulk Upload

## Option 3

---

Integration

# The Licensee Experience

For Licensed Professionals

# Designed for Licensees

The screenshot shows the 'cebroker' dashboard for a 'Consultant Pharmacist' with license number 'RT334445566'. The dashboard is divided into two tabs: 'OVERVIEW' and 'TRANSCRIPT'. The 'TRANSCRIPT' tab is active, showing a progress bar at 68% completion. Below the progress bar, there are three boxes: '44 Hours required', '10 Hours posted', and '34 Hours needed'. A dropdown menu for 'Transcript cycle' shows 'May 1 2014 - April 30 2016'. A 'See more info' link is also present. Under the 'Subject areas' section, there are two categories: 'Laws and Rules of the Board' and 'Medical errors'. Each category has a table of courses and a 'View courses' button. The 'Laws and Rules of the Board' category shows a table with columns 'Course', 'Type', and 'Hrs. applied'. The 'Medical errors' category shows a table with columns 'Course', 'Type', and 'Hrs. applied'.

**cebroker** Dashboard Browse courses UPGRADE

Consultant Pharmacist RT334445566 Report CE

OVERVIEW TRANSCRIPT

NOT COMPLETE 68%

44 Hours required 10 Hours posted 34 Hours needed Transcript cycle May 1 2014 - April 30 2016 See more info

Subject areas

**Laws and Rules of the Board** Hours required 4

Course	Type	Hrs. applied
09/09/2018 CNA Renewal Package: Meets All Requirements	Live	2
<b>Total</b>		2

We found 23 courses that will fulfil this requirement View courses

Hours needed 2

**Medical errors** Hours required 4

Course	Type	Hrs. applied
		0
<b>Total</b>		0

We found 23 courses that will fulfil this requirement

We've developed the best CE tracking tools around because creating beautiful user experiences for licensees is our top priority.

# Account Options

	(\$0)	(\$29)	(\$99)
	Basic Account	Professional Account	Concierge Account
Manual Reporting	✓	✓	✓
CE Broker Course Search	✓	✓	✓
Renewal Notifications	✓	✓	✓
CE Broker Support Access	✓	✓	✓
Indefinite Certificate Retrieval	✓	✓	✓
Multiple License Tracking	✓	✓	✓
Compliance Transcript		✓	✓
Personal Account Manager			✓



# CE Experts & Quality Support



Our CE Experts based in Jacksonville, Florida are highly trained on each board's requirements to help your licensees become compliant.

# Support Center Capabilities Annually



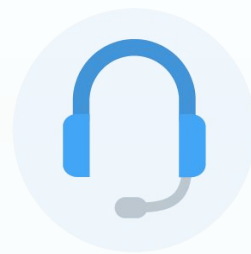
Emails

**65,774**



Live Chats

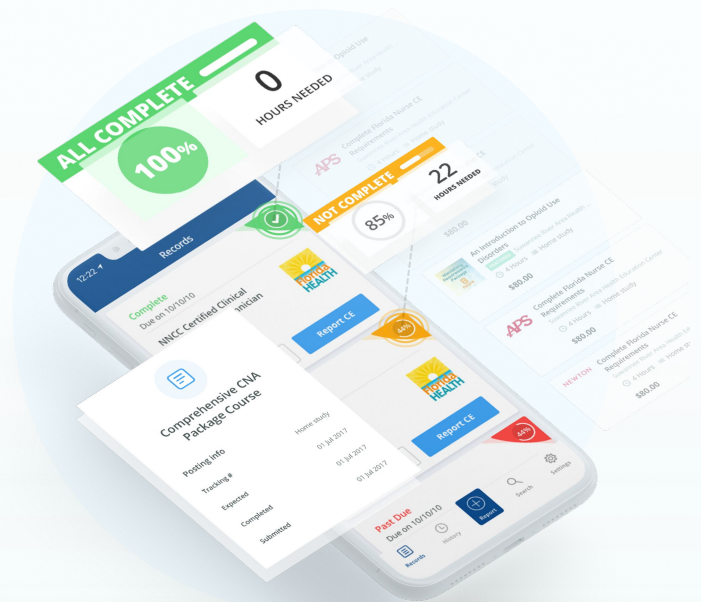
**82,268**



Calls

**109,847**

# Free Mobile Applications

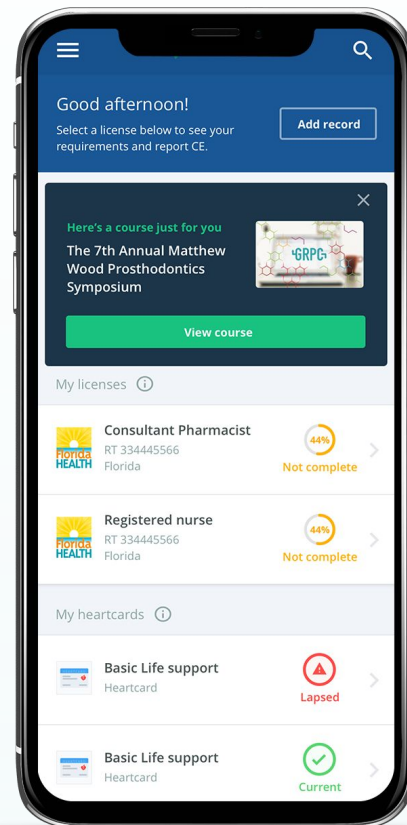


**Snap & Report**  
your certificates

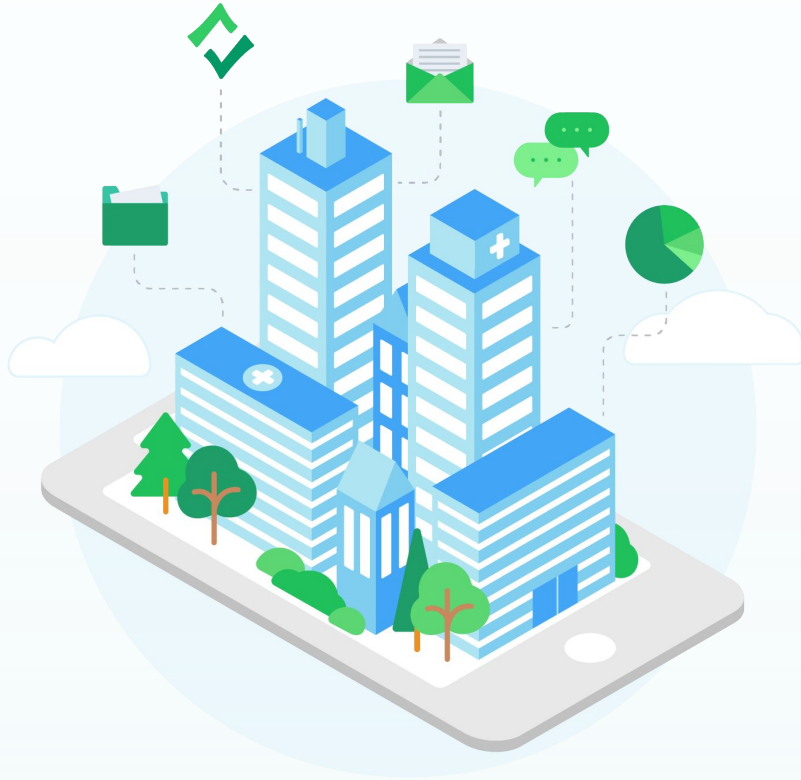
**Track CE Status**  
anywhere in real-time

**Search for Courses**  
on any phone or tablet

**Free Download**  
on Apple & Android



# Seamless Integration



CE Broker's simple API can quickly interface with your licensing database

# Compatible with your licensing database

We work with the top licensing and enforcement systems.





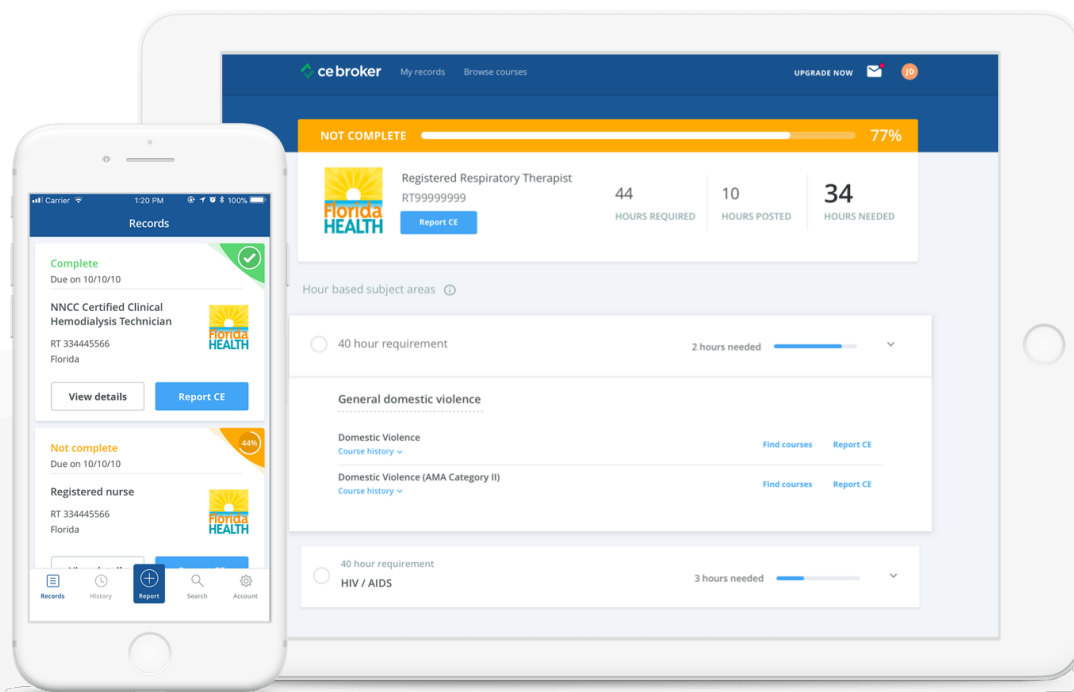
# Thank You!

Shane Hall, Director of Strategic Development  
Shane@cebroker.com

Donald Oliva, Solutions Consultant  
Donald@cebroker.com



# Technical Proposal



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# CE Broker

In 2003, the state of Florida released an RFP for a system that could track CE Requirements for 28 healthcare boards, 74 different professions, and over half a million licensees. CE Broker was created as a response to this RFP and was awarded the contract.

Before beginning the project, CE Broker hired and trained a full support center to be available for requests from licensees, educational providers, and boards. Since then, our staff has grown to 75 employees across 3 states, and now offers dedicated support via phone, live chat, and email.

In 2013, the Florida Department of Health launched an initiative to enforce CE Compliance at the time of renewal, by leveraging our technology and infrastructure to integrate with their licensing database. This initiative removed the burden of conducting audits, by requiring that licensees report all continuing education into CE Broker before renewing a license. This has resulted in over \$500,000 in audit-related savings each year for the Department.\*

Since its creation, CE Broker has taken on more than 120+ regulating bodies in 18 states, and now tracks for over 2 million licensees nationwide across a wide array of professions. In this document, CE Broker's technical structure and capabilities will be explained.

*CE Broker  
tracks for over  
**2 million**  
**licensees**  
nationwide in  
a wide array  
of professions*



\* Source: FL Dept. of Health MQA 2014 Report: [http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/\\_documents/quarterly-reports-2nd-1415.pdf](http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/_documents/quarterly-reports-2nd-1415.pdf)

# Key Personnel



**Brian Solano** | Chief Executive Officer

Brian provides strategic vision and leadership across all of CE Broker's web-based products with the goal of providing web-based solutions to simplify the continuing education compliance process.



**Justin Mann** | Chief Operating Officer

Justin leads the customer support, partner success, quality assurance, software development, and HR teams at CE Broker.



**Alex Lauderdale** | Director of Product Design

Alex is responsible for conceiving and implementing concepts, guidelines and strategies in various creative projects and overseeing them to completion.



**Shane Hall** | Chief Strategy Officer

Shane is responsible for improving the organization's market position and financial growth while maintaining vast knowledge of current industry environment.



**Devin Ernce** | Product Owner

Devin works directly with our software development teams to align projects with key stakeholder needs, and drive initiatives to deliver a quality user-experience on the CE Broker platform.



**Marcia Mann** | Senior Partner Success Manager

Marcia leads our Partner Success Team, which is the primary point of contact for all licensing agencies using CE Broker today.



**Liz Adams** | Implementation Specialist

Liz manages the initial implementation process for all of CE Broker's clients, and coordinates with QA and developers to ensure that our platform is accurately configured for each new project that we tackle.



**Julie Stoshak** | Software Quality Assurance Manager

Julie is responsible for managing the flow of development projects, testing all software before it is released and other quality control processes.



**Aaron Anderson** | Support Center Manager

Aaron manages and directs all aspects of inbound contact center operations.

# CE Broker's Framework

CE Broker's tracking system is a fully-hosted Software as a Service (SaaS) platform. All implementation, customization, hosting, training, maintenance, and ongoing customer support are handled by CE Broker staff without a fee to the state.

## System Design

CE Broker's design is user-driven in order to provide the best possible experience for licensees, providers, and boards.

## User Types



**Boards** | Licensing agencies can utilize CE Broker to complete paperless audits, review course or provider applications, monitor compliance reports, and enforce disciplinary educational requirements.



**Licensees** | Licensees have access to free accounts where they may report continuing education credits, respond to audits, find approved educational offerings, manage exemptions, and satisfy any competency requirements for license renewal.



**Education Providers** | Educational providers can utilize the provider suite to apply for any necessary board approvals, publish accredited offerings, and report attendance rosters or completion data on behalf of licensees.

## Scalability

CE Broker's system was designed to remain flexible and grow with state licensing agencies who face ever-changing rules and licensee populations.

Through flexible customization, fully-hosted support, and prompt response time, CE Broker is able to adjust with any board's needs. Our current infrastructure is designed to accommodate swift implementations for multi-disciplinary licensing agencies, as well as stand-alone projects for independent licensing boards—all the while ensuring that our system remains stable, scalable, and secure.

# Reporting Options



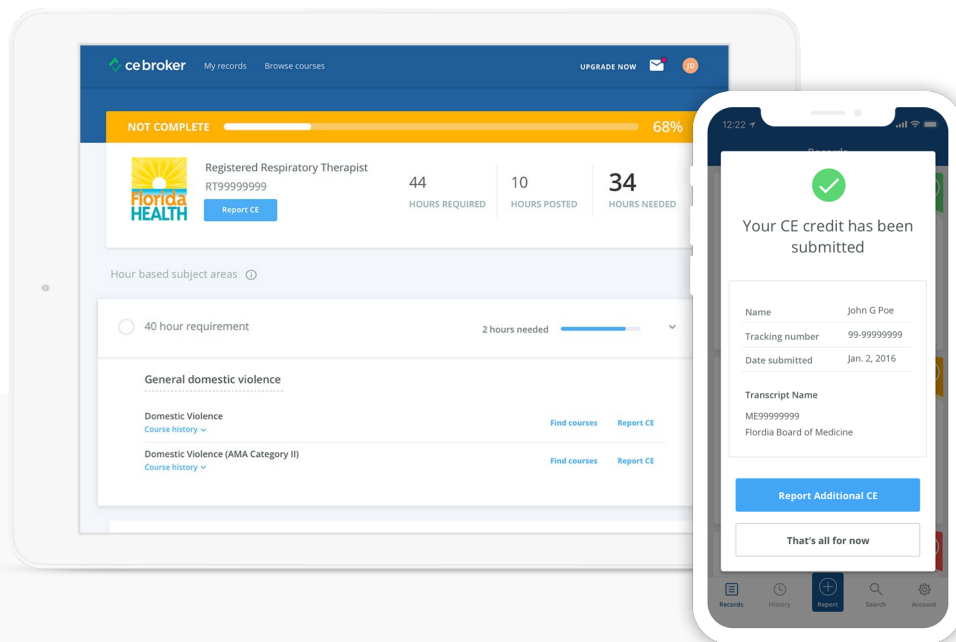
## Educational Provider CE Reporting

To accommodate a large array of educational providers, our suite supports multiple reporting options. This includes one-by-one submissions, bulk record uploads, and complete integrations for automated reporting. Our support team works with educational providers to find a solution that makes sense for them.



## Licensee CE Reporting

Licensees can easily report CE at any time from multiple devices. In many cases, educational providers will report CE on behalf of the licensee, but self-reporting is also available when necessary. During submission, the licensee must answer state-determined questions, and attach corresponding documentation to complete the submission.

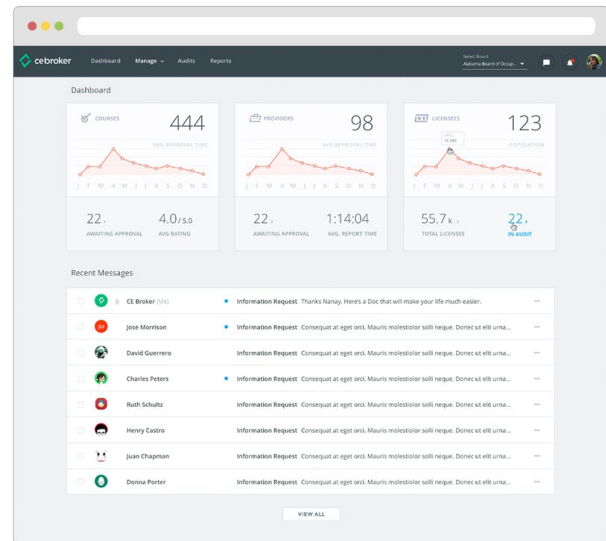


# The Board Suite

Licensing agencies have access to a secure suite of tools which allow for automated enforcement of competency requirements, and streamlined management of provider and course applications.

Tools available to board users:

- Paperless communication channels between agency staff, CE providers, and license holders
- Intuitive compliance reports on the overall licensee population
- Real time access to continuing education records and submissions
- Approval and review queues with automated reminders for course or provider applications
- Random audit functions with ability to leverage additional or disciplinary CE requirements on a case by case basis

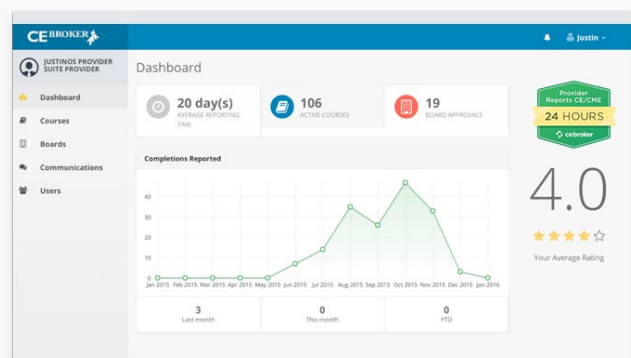


# The Provider Suite

Educational providers have access to their own secure suite of resources designed to increase efficiency, streamline approvals, and aggregate compliance data for the state.

Tools available to educational providers:

- Paperless communication between providers and agency staff or education committees
- Electronic submissions for any necessary applications
- Multiple reporting options to verify credits obtained on behalf of license holders
- Seamless tracking of approvals, national accreditations, course offerings, pending applications, and ratings from license holders.



# Auditing and Reports

All data is electronically collected from educational providers and licensees, so audits are transformed from paperwork-ridden investigations into quick, accurate verifications.

Disciplinary actions can be one of the most cumbersome functions of any audit. CE Broker's tracking system allows agency staff members to easily monitor and enforce disciplinary actions that may follow an audit. Whether the state audits licensees at the time of renewal, or as a random post-renewal audit, CE Broker enables licensing boards to efficiently audit up to 100% of the licensed population.

## AUDIT OPTION 1

### Compliance at Renewal

By integrating your licensing database with CE Broker's tracking system, your licensing and enforcement solution can query our system in real-time to verify CE compliance before renewal is permitted. Through this simple API, licensing boards have the ability to monitor up to 100% of their licensee population.

## AUDIT OPTION 2

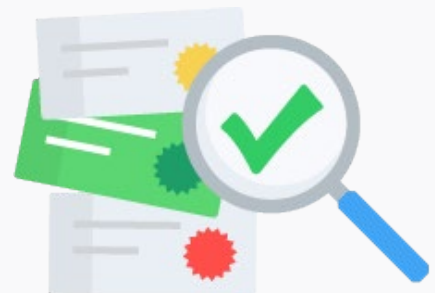
### Standard Post-Renewal Audit

Staff members responsible for completing audits have the ability to view all uploaded compliance documents and certifications before, after, and during the audit. Licensee records are immediately available upon query by name or license number. Staff members may also request additional records, send electronic notices and reminders, and complete the entire post-audit without tedious paper record requests or waiting on mailed documentation.

## Reports

CE Broker will provide the board with weekly, quarterly, and annual reports including information such as:

- Relevant statistics on licensee engagement
- Number of active educational providers
- Percentage of providers reporting
- Average reporting time
- Specific course completion metrics by category
- Detailed compliance statistics on the entire licensee population



# Licensee Account Types

## The Basic Account

We provide every licensee with a Basic Account. This account is free of charge and can accomplish any necessary task required to fulfill CE requirements.

With a Basic Account, licensees are able to:

- View your current compliance status at a glance
- Report and upload any necessary documentation to respond to an audit
- Find and compare course offerings
- Utilize our free mobile applications
- Enjoy multi-disciplinary license tracking
- View a chronological course history which details all self-submissions, along with any credits reported by educational providers
- Receive helpful notifications and renewal reminders regarding upcoming requirements and deadlines

## The Professional Account

Beyond our free account option, licensees may choose to purchase a Professional Account if they would like to further streamline the compliance reporting process.

The professional account is available for \$29/year, and offers the following functionality:

- View your current compliance status at a glance
- Report and upload any necessary documentation to respond to an audit
- Find and compare course offerings
- Utilize our free mobile applications
- Enjoy multi-disciplinary license tracking
- View a chronological course history which details all self-submissions, along with any credits reported by educational providers
- Receive helpful notifications and renewal reminders regarding upcoming requirements and deadlines
- Review a personally calculated CE Transcript, guiding the licensee through each individual requirement
- Track heart cards





# The Concierge Account

With a Concierge Account, licensees are assigned a personal account manager who organizes, sorts, and reports all of their continuing education.

The Concierge account is available for \$99/year, and offers all of the features included in our professional account along with dedicated, and personalized support. This is primarily chosen for licensees desiring one-on-one help and guidance throughout the compliance process.



- One-on-one help
- Access to an immediate, high-priority private support line
- Personalized assistance tracking CE
- Dedicated account manager to review and assist with reporting continuing education
- Assistance with finding appropriate courses to satisfy specific renewal requirements, for any given license type
- Automated reminders on relevant deadlines or changes in requirements



*Approximately **87% of licensed professionals currently take advantage of the free Basic account**, with the remaining 13% choosing voluntary subscriptions for added convenience.*



# Full Service Support Center

CE Broker houses a fully-trained Support Center which serves our clients in multiple ways:

- Licensees and Educational Providers can call, email, or live chat with our support representatives
- Board staff members can immediately contact a designated Partner Success Manager to handle requests promptly. Board requests are routed separately from our traditional support channels, to ensure an expedited response and resolution.
- CE Broker does not outsource client support to any third parties. All client support is managed in-house, and our staff are trained on the various rules & requirements for each board prior to going live. This ensures that we can provide quality support, and alleviate burden wherever possible.

## Support Channels



**Email** | CE Broker Support Center staff reply to emails quickly and efficiently throughout the day.



**LiveChat** | Live Chat allows users to receive real-time help without having to pick up the phone.



**Phone** | Licensees, board staff, and educational providers all have access to live support over the phone, Monday through Friday, during regular business hours.

Additional Resources on our website:

- User Specific FAQ's & Tutorials
- Product demonstrations and walkthroughs for all system functionality
- Contact information for various requests & relevant details on the platform

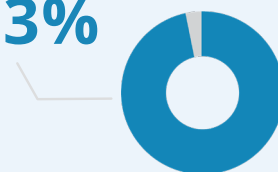
Average CSAT score is

**4.41/5**



Chat satisfaction is

**93%**

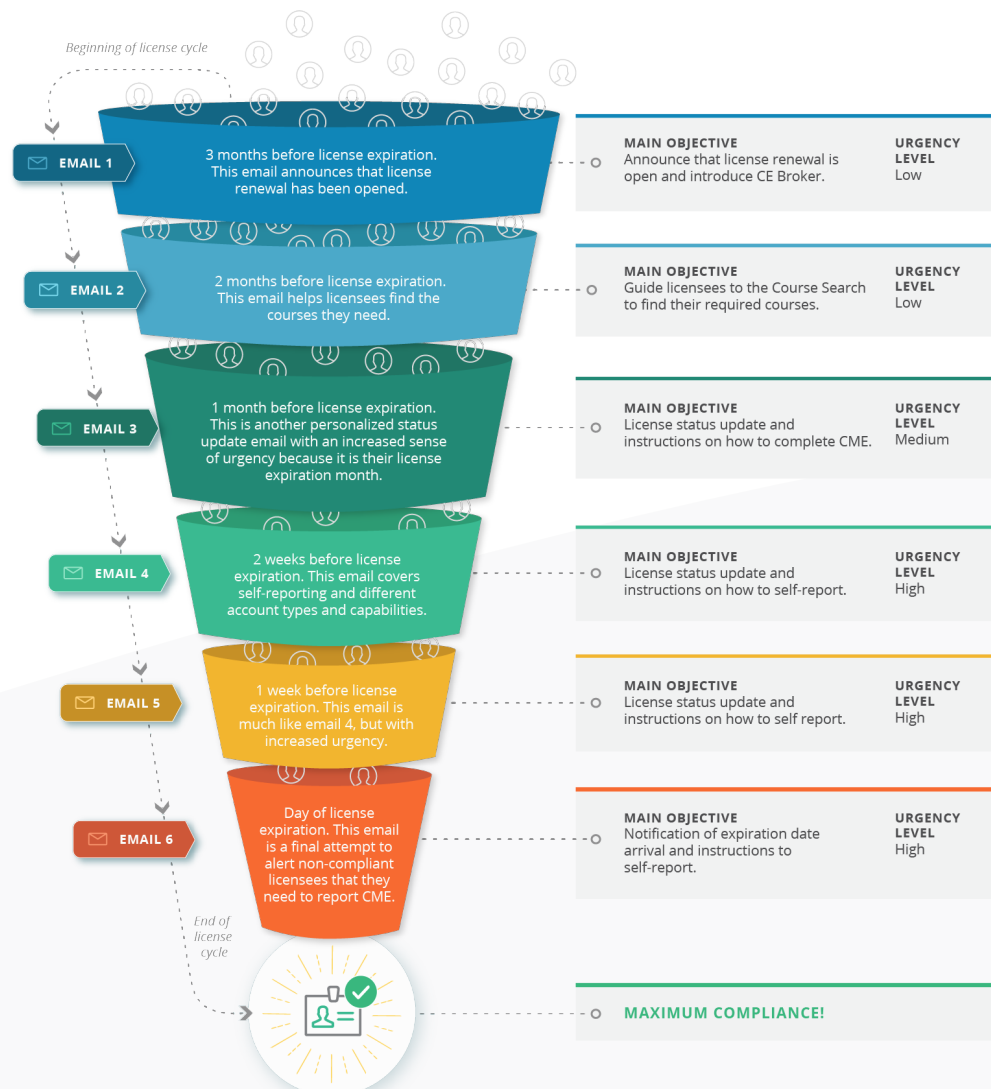


# Renewal Email System

In addition to CE Broker's efforts to provide quality client support, we also provide a communications & marketing team to assist our clients with licensee announcements, increasing engagement, and awareness campaigns for new requirements or changes in rules and regulations.

During their renewal window, licensees receive helpful email alerts including the following:

- Personalized updates on current compliance status or requirements
- CE Reporting instructions and guidelines
- Ongoing reminders on relevant deadlines
- Links to Support Center channels and relevant knowledge articles
- Answers to frequently asked questions



*Our automated renewal reminders have increased compliance rates by more than 30%, and serve to simplify the renewal process for both licensees and boards.*

# Enterprise Grade Security

All data collected or processed through our platform is housed securely within geo-redundant data servers located in Jacksonville, Florida and Louisville, Colorado.

## CE Broker Services Uptime

No scheduled maintenance is allowed during regular business hours (M-F 8a-8p). Software updates are usually released on Sunday nights; no downtime is required. The system is monitored 24x7x365.

**99.5% Uptime**

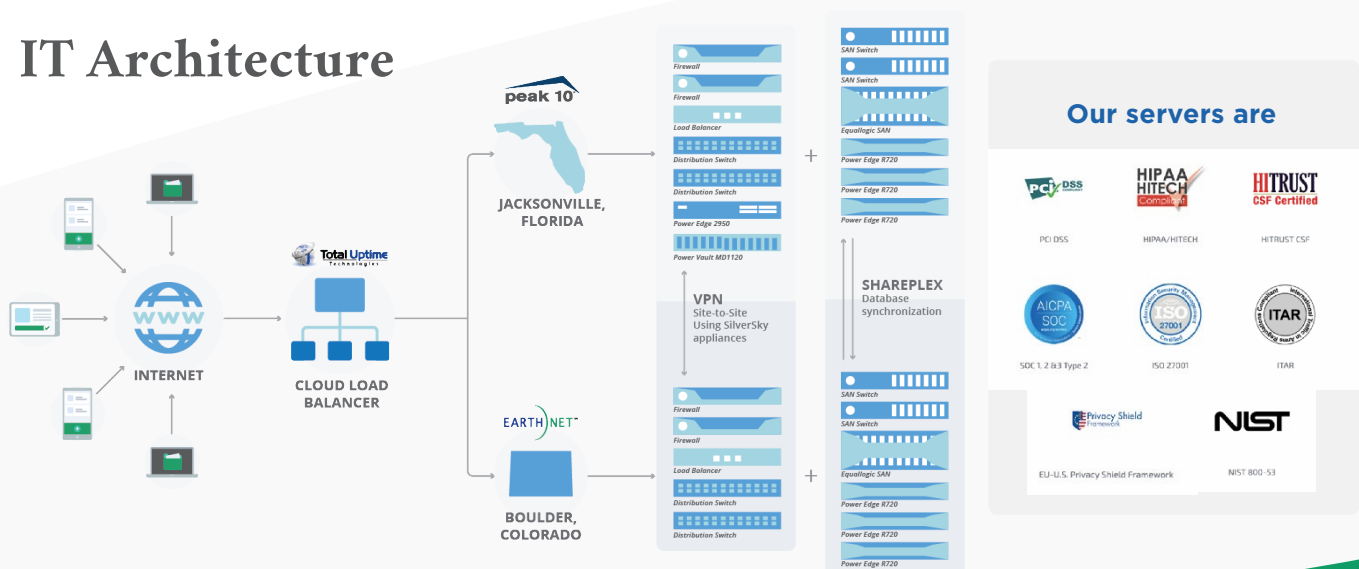
**CE Broker System**

- Public Website
- Private Website
- Authentication Services
- Web services

## System Encryption & Security

- A majority of the information collected is considered public domain, and available on license verification webpages for consumers. This would include data such as: licensee name, license number, issue date, expiration date, etc. CE Broker does not collect or require sensitive information that does not pertain to CE Requirements.
- With hosted data, CE Broker agrees to prevent disclosure of any proprietary or confidential information to any third parties. Beyond this, all of our data is encrypted at rest and in transit in accordance with Federal Information Processing Standards (FIPS)
- **Flexential** | Our Jacksonville servers boast a 100 Gbps Network backbone, scalable to 400 Gbps, with 80 on-net carriers and proactive DDoS protection. Flexential also holds a variety of certifications ranging from HIPAA and PCI Compliance to NIST Compliance, thus surpassing most network security requirements for our SLA contracts.
- **Massive Networks** | Our Louisville servers offer similarly robust network security, allowing CEB to reach or surpass 99% uptime, while being certified for SSAE 18, HIPAA, HITRUST, and PCI Compliance. Their Louisville location boasts multiple redundancies including Dual UPS (A&B Feeds), Cummins Diesel Generators, and a redundant 20-ton Liebert HVAC to help eliminate downtime for any single point of failure.

## IT Architecture



# Implementation Process



## In-Depth Rule Review

First, our Partner Success team goes through your CE Laws & Rules to identify the scope, and level of customization required for the project. Then, an Implementation Specialist begins mapping out your licensure scenarios, for every possible nuance and combination of requirements. By the end of this process, we will have effectively created 100% accurate transcripts for every license type under your jurisdiction.

## Development

We pass off the information gathered in our research and design phase over to the development team. Our developers immediately begin building out the system and handling any necessary customization requests.

## Quality Assurance Testing

Our Quality Assurance team begins hands-on work to ensure the system is ready to go-live, stable, and that every licensure scenario is reflecting properly. We ensure that your staff receive a polished product, regardless of the complexity involved for any license type.

## Training

Our Partner Success team will provide personalized training to ensure that your staff members become experts with the system, before launching. We use a combination of webinars, virtual recordings, and in-person meetings to bring your whole team up to speed.

## Go Live!

Our Marketing & Communications teams will assist your staff with the initial announcements, and ongoing outreach to licensees, providers, and associations to ensure that every stakeholder is on-board.

# CE Broker Employee, Client Base, and Office Locations

CE Broker's system was designed to be flexible and grow with state licensing agencies who face ever-changing rules and licensee populations.

**CE Broker staff includes:** 75 Total Employees

**CE Broker client base includes:**

- 120 State Licensing Boards across 18 US States, including: Florida, Georgia, Tennessee, South Carolina, Alabama, Arizona, Arkansas, North Carolina, Louisiana, Mississippi, West Virginia, Ohio, Oklahoma, Michigan, Idaho, New Mexico, and the District of Columbia. We also work with the national Medical Council Board in the Bahamas.
- Over 8,000 educational providers that register their accredited courses and report course completion data.
- Over 2,000,000 licensees using the system to monitor and track their CE compliance.

**CE Broker office locations:**

**Jacksonville, FL**

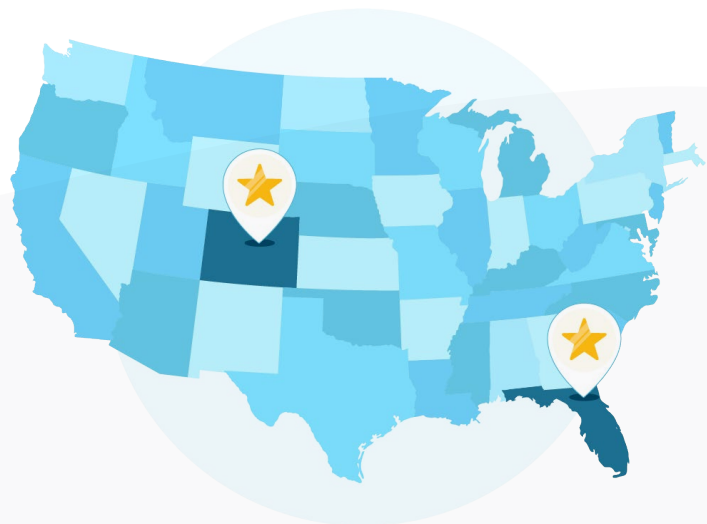
5210 Belfort Road, Suite 320  
Jacksonville, Florida 32256  
Phone | (877) 434-6323  
Fax | (877) 349-0208

This location houses CE Broker's core operations, including partner success, business development, support center, IT, accounting and administration.

**Boulder, CO**

1023 Walnut St 80302

This location houses the CE Broker executive leadership, communications, and product design teams.



# Complete Client List



## Florida Department of Health

Florida Board of Acupuncture	Florida Office of Dental Laboratories
Florida Board of Athletic Training	Florida Board of Orthotists and Prosthetists
Florida Board of Chiropractic Medicine	Florida Board of Osteopathic Medicine
Florida Board of Clinical Laboratory Personnel	Florida Board of Pharmacy
Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling	Florida Board of Physical Therapy Practice
Florida Board of Dentistry	Florida Board of Podiatric Medicine
Florida Board of Hearing Aid Specialists	Florida Board of Psychology
Florida Council of Licensed Midwifery	Florida Board of Respiratory Care
Florida Board of Massage Therapy	Florida Board of Speech-Language Pathology and Audiology
Florida Board of Medicine	Florida Council of Medical Physicists
Florida Council of Dietetics and Nutrition	Florida Electrolysis Council
Florida Board of Nursing	Florida Emergency Medical Services
Florida Board of Nursing Home Administrators	Florida Office of Public and Professional Guardians
Florida Board of Occupational Therapy	Florida Office of School Psychology
Florida Board of Opticianry	Florida Physician Assistants (Board of Medicine)
Florida Board of Optometry	



## Tennessee Department of Health + Department of Commerce & Insurance

Tennessee Board of Chiropractic Examiners	Tennessee Board of Occupational Therapy
Tennessee Board of Dentistry	Tennessee Board of Osteopathic Medical Examiners
Tennessee Board of Emergency Medical Services	Tennessee Board of Physical Therapy
Tennessee Board of Massage Licensure	Tennessee Board of Veterinary Examiners
Tennessee Board of Medical Examiners	Tennessee Real Estate Commission
Tennessee Board of Medical Laboratory Personnel	



## Alaska Division of Corporations, Business, and Professional Licensing

Alaska Board of Mechanical Administrators	Alaska Real Estate Commission
Alaska Board of Electrical Administrators	



## South Carolina Department of Labor, Licensing, and Regulation

South Carolina Auctioneers' Commission

South Carolina Board of Architectural Examiners

South Carolina Board of Chiropractic Examiners

South Carolina Board of Dentistry

South Carolina Board of Environmental  
Certification

South Carolina Board of Examiners in Opticianry

South Carolina Board of Examiners in Optometry

South Carolina Board of Examiners for Licensure  
of Professional Counselors, Marriage and Family  
Therapists and Psycho-Educational Specialists

South Carolina Board of Examiners in  
Speech-Language Pathology and Audiology

South Carolina Board of Examiners in Psychology

South Carolina Board of Funeral Service

South Carolina Board of Landscape Architectural  
Examiners

South Carolina Board of Long Term Health Care  
Administrators

South Carolina Board of Massage/Bodywork  
Therapy

South Carolina Board of Medical Examiners

South Carolina Board of Nursing

South Carolina Board of Occupational Therapy

South Carolina Board of Physical Therapy  
Examiners

South Carolina Board of Podiatry Examiners

South Carolina Board of Registration for Foresters

South Carolina Board of Registration for  
Geologists

South Carolina State Board of Registration for  
Professional Engineers and Surveyors

South Carolina Board of Social Work Examiners

South Carolina Board of Veterinary Medical  
Examiners

South Carolina Building Codes Council

South Carolina Manufactured Housing Board

South Carolina Real Estate Appraisers Board

South Carolina Real Estate Commission

South Carolina Soil Classifier Advisory Council

## Alabama

Alabama State Board of Occupational Therapy

## Arizona

Arizona Board of Athletic Training

Arizona Board of Occupational Therapy Examiners

Arizona State Board of Podiatry Examiners

## Arkansas

Arkansas State Board of Nursing

## Bahamas

Bahama Medical Council

## District of Columbia

District of Columbia Board of Nursing

## Georgia

Georgia Board of Massage Therapy

Georgia Board of Nursing

Georgia Board of Nursing Home Administrators

Georgia State Board of Occupational Therapy

## Idaho

Idaho Electrical Board

Idaho Factory Built Structures Board

Idaho Plumbing Board

## Louisiana

Louisiana Architectural Examiners Board

Louisiana Board of Dentistry

Louisiana Board of Funeral Directors and Embalmers

Louisiana State Board of Medical Examiners

## Michigan

Michigan Bureau of Construction Codes  
Michigan Plumbing Division  
Michigan Electrical Administrative Board

## Mississippi

Mississippi Board of Medical Licensure  
Mississippi Board of Medical Radiation Technologist  
Mississippi Board of Occupational Therapy  
Mississippi Board of Respiratory Care Practitioners  
Mississippi State Board of Physical Therapy  
Mississippi State Department of Health

## New Mexico

New Mexico Board of Nursing  
New Mexico Medical Board  
New Mexico Midwives Unit (Department of Health)

## North Dakota

North Dakota Board of Nursing

## Ohio

Ohio Chemical Dependency Professionals Board  
Ohio Counselor, Social Worker & Marriage and Family  
Therapist Board  
Ohio State Cosmetology and Barber Board  
Ohio Speech and Hearing Professionals Board  
Ohio State Medical Board

## West Virginia

West Virginia Board of Registered Nursing  
West Virginia Board of Social Work

# National Associations



National Council of Architectural  
Registration Boards (NCARB)



American Association of  
Veterinary State Boards (AAVSB)



Association of Social Work  
Boards (ASWB)



National Certification Board for  
Therapeutic Massage & Bodywork  
(NCBTMB)



BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPY

In the Matter of:

Justin Vizakis,

Licensed Massage Therapist  
Nevada License No. NVMT.7071

Respondent.

Case No. NVMT-C-2009

**VOLUNTARY SURRENDER  
IN LIEU OF OTHER DISCIPLINE**

I, Justin Vizakis, wish to voluntarily surrender my Nevada Massage Therapy License. It is alleged that:

1. I am licensed as a massage therapist, currently in active status, in the State of Nevada and I was licensed at the time of the conduct described herein and am, therefore subject to the jurisdiction of the Board.
2. From 2016 to 2019, I violated NRS 640C.700 (2)(4)(6) and (9) by offering to perform yoni massage on the genitalia of multiple female clients during massage sessions. January 19, 2019, I performed yoni massage on at least one female client while massaging at a party. This incident was recorded, and video evidence is in the possession of the Board.
3. By providing kambo (burning the top layers of the skin and introducing a secretion derived from the skin of monkey frogs), during or after massage appointments, I have violated NRS 640C.060.
4. I admit 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).
5. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.
6. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.
7. 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;

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

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

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

5 8. I am aware of the foregoing rights in paragraph seven (7), and I voluntarily, knowingly, and  
6 intelligently waive these rights in return for the Board accepting my voluntary surrender of  
7 my massage therapist license in lieu of other disciplinary action.

8 9. I understand this Voluntary Surrender is considered disciplinary action and as such will  
9 become part of my permanent record.

10 10. I understand this Voluntary Surrender is considered public information.

11 11. I understand this Voluntary Surrender is considered disciplinary action and will be reported  
12 to the national repository, which records disciplinary action taken against licensees, or any  
13 agency or another state, which regulates the practice of Massage Therapy.

14 12. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board  
15 as evidence against me to establish a pattern of behavior and for the purpose of proving  
16 additional acts of misconduct.

17 13. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or  
18 civil penalties or sanctions in any other matter.

19 14. I understand that this surrender is effective on the date it is accepted by the Board, which is  
20 March 25, 2020.

21 15. I agree not to apply for re-licensure with the Board as a massage therapist until five (5)  
22 years have passed from the date of the Board's acceptance of this Voluntary Surrender.  
23  
24  
25  
26  
27  
28

1  
2  
3 I, Justin Vizakis, by my signature affixed below, agree with the foregoing facts and  
4 representations and therefore choose to voluntarily surrender my License to practice as a massage  
5 therapist in Nevada.

6 NEVADA STATE BOARD OF MASSAGE THERAPY retains jurisdiction in this case until  
7 all conditions have been met to the satisfaction of the Board.  
8

9 NEVADA STATE BOARD  
10 OF MASSAGE THERAPY

11 \_\_\_\_\_  
12 Board Chair

13 \_\_\_\_\_  
14 Date

RESPONDENT



Justin Vizakis, Respondent

3/10/20

\_\_\_\_\_  
Date

May 15, 2020

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

RE: Ava Chanel Gomez Character Reference

To Whom It May Concern:

As part of the review process for the Nevada State Board of Massage Therapy, I am writing in support of Ava Chanel Gomez, and her application to be appointed a Licensed Massage Therapist for the State of Nevada.

I have known Ava for many years, and have watched her become a responsible, nurturing, and respectful young woman. Her over 10 years as an experienced massage therapist, and esthetician in the State of California, would make her a great candidate for this appointment.

Ava is dedicated and passionate about her craft, which shows from her certification in massage therapy, licensed esthetician, and an associate degree in psychology and social science.

I know Ava will be a welcomed addition to the Nevada State Board of Massage Therapy.

Thank you for your consideration.

Sincerely,

JANICE HAHN  
Supervisor, Fourth District  
County of Los Angeles

Good Morning Members of the Board,

My name is Ava Gomez and I am currently seeking to acquire a license to practice massage therapy in this fine state. I have submitted my application paid appropriate application fees, contacted my school and MBLEx for documentation, completed a background check, and attached 3 references that can attest to my character and/or experience as a massage therapist. I have also attached my NV state Esthetician License, ABMP certification and associate degree, tax return with occupation of massage therapist.

Prior to applying for a massage therapy license in Nevada, I graduated from a 600 hour massage therapy program in 2009 from Kingston University in Norwalk, Ca and have maintained a certification in positive standing with the title of massage therapist for the state of California since 2010. I have always paid my renewals on time and always proactive on the latest rules and regulations.

I was blessed to start my career working for the prestigious Ritz-Carlton Spa, Los Angeles which branched into wonderful opportunities for the Marriott, Ritz-Carlton, and Waldorf Astoria as a massage therapist and esthetician. I have previous experience as an independent contractor, I currently am a member of the Associated Bodywork & Massage Professionals and Associated Skin Care Professionals which allows me to maintain my continuing education and highest professionalism standards, I hold a California and Nevada State Esthetician License, I have passed the MBLEx certification exam, and earned an associates degree in psychology and social sciences from Pasadena City College.

I love what I do, massage is not just a job for me it is my livelihood, I wake up daily saying "I love what I do!". I relocated to Las Vegas for a new start and hoping to acquire a license as a start and make this my forever home. I am currently a licensed esthetician for Massage Envy Anthem in Henderson where I reside and hope to get my massage license so I can offer more services and establish my residency for Nevada. During these hard times, I hope that my experience, character references, and education will qualify me for a license.

Thank you for taking the time to listen to me. If I can be of any further assistance you can contact me at

Sincerely

Ava Gomez

Begin forwarded message:

**From:** Jenna Larson  
**Date:** May 27, 2020 at 10:58:41 AM PDT  
**To:** Ava Gomez ·

---

**Subject: Re: Ava Character reference**

Dear Sirs and/or Madams,

I have known Ava Gomez for two years. Where she worked for the Indian Ridge Country Club as our Certified Massage Therapist and Licensed Esthetician for our exclusive spa. Under my direction as Spa Director, Ava quickly became one of our most sought after therapists among the members at our exclusive country club. She quickly rose to become one of our top producing Massage Therapist and Esthetician. Ava Gomez is truly a gifted therapist. She is well rounded in various massage and esthetic modalities which makes her a great asset. She is very passionate, knowledgeable, professional, and very thorough with safety and sanitation guidelines. Her outgoing personality makes her a great team leader, co-worker, and friend. I was extremely honored and proud to have her a part of our team at Indian Ridge.

Ava Gomez has worked for some of the most prestigious spas in the country from The Ritz-Carlton, Los Angeles & Rancho Mirage, to The Waldorf Astoria, Beverly Hills, and the La Quinta Resort and Spa.

Thank you for your time, should you need any further information I can be reached at [Jenna@indianridgecc.com](mailto:Jenna@indianridgecc.com)

Respectfully

*Jenna Larson*

Jenna Larson  
Spa Director  
Indian Ridge Country Club

Begin forwarded message:

**From:** Tyneese Thompson  
**Date:** May 30, 2020 at 9:37:03 AM PDT  
**To:** Ava Gomez  
**Subject:** Re: Ava Character reference

>

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

To whom it may concern;

It gives me immense pleasure as character reference of Ava Gomez for the title of Licensed Massage Therapist for the State of Nevada. I have known Ava for more than three years in my capacity as a Spa Supervisor and Spa Manager of the Ritz-Carlton Spa, Los Angeles. Prior to my arrival, Ava had started at The Ritz-Carlton Spa in 2011 as our Massage Therapist providing various massage modalities to our paying guests.

Ava is a talented massage therapist who always delivers 110% to her guests and they are impressed with her technical expertise and execution of their massage. Ava is passionate about the spa and wellness industry and is always seeking opportunities to learn and grow. Ava has an

infectious personality, and nothing would make me more happy than to recommend her for the title of Licensed Massage Therapist and I look forward to receiving a massage from her on my next trip.

Thank you for your time, I can be reached at [tyneese.thompson@ritzcarlton.com](mailto:tyneese.thompson@ritzcarlton.com) should you need any further questions.

Respectfully,

***Tyneese Thompson***

Tyneese Thompson | Director of Spa  
The Ritz-Carlton Spa, Los Angeles  
900 W Olympic Blvd, Los Angeles, CA 90015  
Phone: [213.763.4400](tel:213.763.4400) | Fax: [213.765.8601](tel:213.765.8601)

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

NSBMT Board Meeting  
June 10, 2020  
Agenda Item 6a

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Ava C. Gomez

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

### BACKGROUND INFORMATION:

Ms. Gomez's massage application is before you today due to education that could not be approved administratively. Ms. Gomez received her education in Pasadena, California. Ms. Gomez is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to approve license with no restrictions.

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:





# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application  
Application Number: OL200107051647

Fee: \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, M6LEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

Applicant Name

Last Name : GOMEZ  
First Name : AVA  
Middle Name : C.



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

No record found.

Mailing address :

Street :

City :

State :

Zip :

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

Street :

City :

State :

Zip :

Social Security Number :

Date of Birth

Place of Birth :

Gender : ☐ Male ☒ Female

Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☐ Home ☒ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board

**notifications)**

☒ Yes ☐ No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
CA	17932	2010	01/31/2021

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Kingston University	Norwalk	2009 - 2009	600

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
OL200107051647-116964-Transcript.pdf	KINGSTON UNIVERSITY-TRANSP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	Bethesda, Maryland	11/15/2013

National Exam Status :

Date Received :

Score Report Received **X**

Document Name	User Defined Document Name	Document Status
OL200107051647-117041-ScoreReportCard.jpg	MBLEX	Pass

the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the

Information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

Last Name : GOMEZ

First Name : AVA

Middle Name : C.

Street:

City:

State :

Zip :

Date : 1/15/2020

Submitting Agency : Nevada State Board of Massage  
Therapy

Address : 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

Have you ever served in the military: ☐ Yes ☒ No

Branch(es) of Service: (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

Military Occupation Specialty /Specialties:

Date(s) of Service: From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **AVA GOMEZ** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for

any crime involving violence, prostitution or any other sexual offense..

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : ava gomez

Date : 1/15/2020

#### Upload

Have you uploaded a current passport quality photo?

Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

☒ Yes ☐ No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

☒ Yes ☐ No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Certified Statement	OL200107051647-117043-Certified-Statement.pdf	CA VERIF
Score Report Card	OL200107051647-117041-ScoreReportCard.jpg	MBLEX
Transcript	OL200107051647-116964-Transcript.pdf	KINGSTON UNIVERSITY-TRANSCP
Certificate of Completion	200107051647-116924-Certificate-of-Completion.pdf	
Photo	12895-116923-GOMEZ, AVA.jpg	
Current Massage License	OL200107051046-116746-Current-Massage-License.jpg	
Social Security Card	OL200107051046-116745-Social-Security-Card.jpg	
Government Issued ID Card	OL200107051046-116744-Government-Issued-ID-Card.jpg	

#### Application Fees

All fees are non-refundable.

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:





## STUDENT RECORD

Page: 1 (last page)

Student Name: **GOMEZ, Ava**  
 Program: **Massage Technician 600 Hour Program**  
 Admission Date: **12-15-2008**  
 Certificate Status: **Granted on April 30, 2009**


Student ID No: **MT6090103**  
 Date of Birth: **[REDACTED]**  
 Completion Date: **04-30-2009**  
 Transcript Date: **05-30-2019**

Course Title	Hours Required	Hours Attended	Hours Earned	Grade
Basic Hygiene and Nutrition	10	10	10	P
CPR and First Aid training (taken at American Red Cross)	8	8	8	P
Human Body System, Anatomy, Physiology and Kinesiology	150	150	150	P
Advance Pathology	50	50	50	P
Therapeutic Massage and Bodywork Assessment	20	20	20	P
Advance Skills in Massage Practicum	60	60	60	P
Swedish Massage, Deep Tissue Massage	60	60	60	P
Chair Massage	20	20	20	P
Sports Massage and Therapeutic Stretching	40	40	40	P
Reflexology	25	25	25	P
Rotator Cuff Solutions	10	10	10	P
Myofascial Trigger Points	10	10	10	P
Lymph Drainage	20	20	20	P
Aromatherapy	10	10	10	P
Hydrotherapy and heat/cold therapy	5	5	5	P
Acupuncture Meridian Theories and Points	60	60	60	P
Basic Business Management and Ethics	10	10	10	P
Clinical Studies and Other Asian & Western Massage Techniques	32	32	32	P
<b>TOTAL HOURS</b>	<b>600</b>	<b>600</b>	<b>600</b>	<b>P</b>

\*\*\*\*\* No Entry Below This Line \*\*\*\*\*



*I certify this student record is a true copy of the student permanent record and may not be released to any other party without the written consent of the student.*

  
 Registrar

5/30/2019  
 Date

Official transcripts bear the raised seal of Kingston University, the signature of the registrar and the date issued.

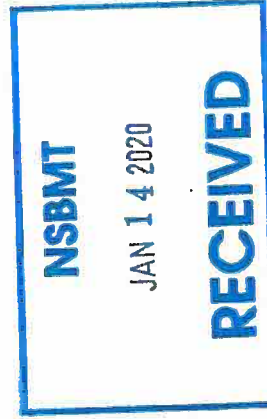


**MBLEx Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEx scores received on: 01-14-2020**

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Gomez	Ava			11-15-2013	1	Pass	English	Kingston University





Tuesday, January 21, 2020

Tereza Van Horn  
Nevada Board of Massage Therapy  
1755 E Plumb Ln Ste 252  
Reno, NV 89502-3656

This is to verify the certification of a massage professional in the State of California.

Certificant Name: Ava Chanel Gomez  
Certificate Type: Certified Massage Therapist  
Certificate #: 17932  
Effective Date: 1/31/2019  
Expiration Date: 1/31/2021  
Method of Certification: Portal F (500 hours)

This individual is certified and is in good standing with the California Massage Therapy Council.  
To date this certificant has had no disciplinary actions with the council.

Do not hesitate to contact us if you have any questions about this individual's certification status.

Thank you,

Danielle Caron  
Certification Support Manager



California Massage Therapy Council, One Capitol Mall, Suite 800, Sacramento, CA





## 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>

### 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: Ava Chanel Gomez License Number: 17932

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

#### License Information

Name: Ava Chanel Gomez  
Date of Birth: \_\_\_\_\_  
Type of License: Certified Massage Therapist  
License Number: 17932  
How Issued: 500 hours Education  
Original Licensure Date: 12/27/2010  
Expiration Date: 1/31/2021  
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 Ste 800 State, Zip: Sacramento, CA 95814

Signature: [Signature] Date: 1/21/2020

Title: Certification Support Manager

Print agent's name: Danielle Cunn





# Massage Therapy

NV Required		Applicant
A&P W/ Kinesiology	125	150
Classroom W/ Clinic 32	220	10+8+20+60+60+20+40+15+10+10+120+10+5+60+32=390-125=265
Pathology	40	50
Business	20	70
Ethics	20	
Hands on	125	125
Total	550	1180

390-125=265

## Notes:

Approved school by NCBTMB # 490019-05 - CAMTC provisionally approved school code of SCH0117

Accredited by Accrediting Council for Independent College and School in 2014

Executive Director can't approve up to 40 hours of business & ethics as well as 80 hours of admin. Referred to the Board for approval.

Date Reviewed:

3/3/20

ED Signature:

*[Signature]*



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Ava C. Gomez

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. Gomez:

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 June 10, 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/join/register/tkcf-mhgTguGNyc09MqVYjK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, Executive Director.

Sandra J. Anderson  
Executive Director

9489 0090 0027 6226 3395 86

## NEVADA STATE BOARD OF MASSAGE THERAPY

### AGENDA ACTION SHEET

**TITLE:** Application Review (Education)

**MEETING DATE:** March 25, 2020

**APPLICANT:** Shelly J. Slocum

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

**BACKGROUND INFORMATION:**

Ms. Slocum's massage application is before you today due to education that could not be approved administratively. Ms. Slocum received her education in Kentucky. Ms. Slocum attended Lexington Healing Arts Academy. Ms. Slocum is requesting to be granted a license under NRS 640C.580 or 420. Staff's recommendation is to approve a license with no restrictions.

**ACTION:**

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

**PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage thera
<input type="checkbox"/> M. Notify any change in address or phone number to th Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:



## Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application  
Application Number: 0119116042727

Fees: \$30.00

### APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCMTM, NCETMB, MBLEX, IASI, ITEC, A/CB, 11R and NCETMB-R)? ☒ Yes ☐ No

### Section 1: Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will NOT ACCEPT the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type: ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

Applicant Name:

Last Name: SLODUM

First Name: SHELLY

Middle Name: J



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

No record found.

Mailing address:

Street:

City:

State:

Zip:

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

Street:

City:

State:

Zip:

Social Security Number:

Date of Birth:

Place of Birth:

Gender: ☐ Male ☒ Female

Home/Cell Phone:

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☐ Home ☐ Mailing ☒ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board

**notifications)**

☐ Yes ☒ No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
KY	109444	2005	11/18/2016

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Lexington Healing Arts Academy	Lexington	2004 - 2005	600

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
191116092727-116906-Transcript.pdf	LEXINGTON HEALING ARTS ACADEMYTRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
NCETMB	Lexington, KY	09/21/2005

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
191116092727116907-ScoreReportCard.pdf	NCETMB	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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



the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** SLOCUM

**First Name :** SHELLY

**Middle Name :** JEAN

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 1/28/2020

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

Have you ever served in the military: ☐ Yes ☒ No

Branch(es) of Service: (Check all that apply)

- ☒ Army/Army Reserve
- ☒ Marine Corps/Marine Corps Reserve
- ☒ Navy/Navy Reserve
- ☒ Air Force/Air Force Reserve
- ☒ Coast Guard/Coast Guard Reserve
- ☒ National Guard

**Military Occupation Specialty/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **SHELLY SLOCUM** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for

any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Shelly Slocum

Date : 1/27/2020

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Certificate of Completion	OL191116092727-117260-Certificate of Completion.pdf	LEXINGTON HEALING ARTS LETTER-DIPL
Photo	12823-117105-SLOCUM, SHELLY.jpeg	
Score Report Card	191116092727-116907-ScoreReportCard.pdf	NCETMB
Transcript	191116092727-116906-Transcript.pdf	LEXINGTON HEALING ARTS ACADEMY-TRANSCP
Certified Statement	191116092727-116905-Certified-Statement.pdf	KYVERIF
Government Issued ID Card	OL191116090626-115988-Government-Issued-ID-Card.jpg	
Social Security Card	OL191116090626-115987-Social-Security-Card.jpeg	

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:





LEXINGTON HEALING ARTS ACADEMY

OFFICIAL TRANSCRIPT

STUDENT NAME: SHELLY JEAN SLOCUM  
DATE STUDY BEGAN: NOVEMBER 15, 2004  
DATE OF COMPLETION: AUGUST 16, 2005

SUBJECTS:	HOURS COMPLETED:
ANATOMY, PHYSIOLOGY & KINESIOLOGY	160
PATHOLOGY	40
MASSAGE THERAPY & RELATED MODALITIES	264
PROFESSIONAL ETHICS & BUSINESS	36
SUPERVISED CLINIC PRACTICUM	100
	<hr/>
TOTAL	600

GRADE - ANATOMY & PHYSIOLOGY & PATHOLOGY 96

GRADE - MASSAGE THERAPY PRACTICE & THEORY 98

OVERALL FINAL GRADE 97

  
NIKI MUNK  
PROGRAM DIRECTOR





# Lexington Healing Arts Academy

January 28, 2020

Nevada State Board of Massage Therapy  
1755 E Plumb Ln # 252  
Reno, NV 89502

Dear Kim;

I understand you are requiring verification for Shelly Slocum before you can issue a Massage Therapy license.

Shelly Slocum completed our Massage Therapy program in 2005. We have a copy of her transcript showing completion of the program, but we don't have a copy of her certificate.

If you require any further verification or have any questions, please don't hesitate to contact me.

Thank-you;

Shannon Brunk  
Education and Outreach Coordinator  
859-252-5656 x30  
Shannon@lexingtonhealingarts.com



272 Southland Drive • Lexington, KY 40508 • 859-252-5656

## Official NCBTMB Score Report

**Shelly J Slocum**

UNITED STATES

DOB:



**Exam Name:** NCETMB

**Exam Date:** 9/21/2005

**Exam Result:** PASS

**Candidate ID:** 444463-00

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 [scores@ncbtmb.org](mailto:scores@ncbtmb.org) or call 800-296-0664.





Matthew G. Bevin  
Governor

PUBLIC PROTECTION CABINET  
Department of Professional Licensing  
911 Leawood Drive  
Frankfort, KY 40601  
Phone: (502) 782-8808  
Fax: (502) 564-4818  
dop.ky.gov

K. Gail Russell  
Secretary

Licensure Certification as of this Date : November 27, 2019

**RE: Shelly Jean Slocum Licensure Certification**

To Whom It May Concern:

This document certifies that the records of the Department of Professional Licensing indicate Shelly Jean Slocum was issued a professional license in the Commonwealth of Kentucky.

Licensee Name :	Shelly Jean Slocum
Issuing Entity :	Kentucky Board of Licensure for Massage Therapy
License Type :	Massage Therapist
License Number :	109444
Legacy Number (if any) :	1751
Issue Date :	11/18/2005
Expiration Date :	11/18/2016
License Status :	Expired
Discipline Action Taken :	No

If you require additional information (e.g. facts surrounding disciplinary action), please direct such request to the licensee or the entity that issued the license.



Sincerely,

/s/ Isaac J. VanHoose

Isaac J. VanHoose  
Commissioner  
Department of Professional Licensing

**NSBMT**

NOV 27 2019

**RECEIVED**

# Massage Therapy

Shelly J. Slocum  
Lexington Healing Arts Academy

NV Required		Applicant
A&P W/ Kinesiology	125	100
Classroom W/ Clinic	220	$264 + 100 = 364 - 125 = 239$
Pathology	40	40
Business	20	
Ethics	20	36
Hands on	125	125
Total	550	600

## Notes:

No catalog online; not on list of approved schools for KY Board of Massage (They do not have one).

No accreditation can be located.

Education short 4 hours of Business & Ethics. Applicant not currently licensed in another state. Refer to Board for review.

Date Reviewed:

3/3/2020

ED Signature:

*[Signature]*



**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>

WAIVER OF OPEN MEETING LAW SERVICE REQUIREMENTS

I, **Shelly j Slocum**, the undersigned, being apprised  
First Name MI Last Name

of the requirements under NRS 241.033 and NRS 241.034 for a public body to notify a person by certified mail 21 working days in advance or by personal service 5 working days in advance of a meeting in which that public body will consider that person's character, professional competence, or physical or mental health or take administrative action against that person, knowingly and voluntarily waive these service and notification requirements as to the undersigned for (an) agenda item(s) pertaining to the undersigned at the meeting of the Nevada State Board of Massage Therapy set for 9:00 a.m. on Wednesday, March 25, 2020, at the following locations:

**Las Vegas Location**  
Grant Sawyer Building  
555 E. Washington Ave., Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Building  
401 S. Carson St., Room 2135  
Carson City, NV 89701

Dated this 6 day of March, 2020.

Signature

*Shelly Slocum*

First

**Shelly j Slocum**

MI

Last



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

March 5, 2020

Shelly J. Slocum

**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. Slocum:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

**Las Vegas Location**  
Grant Sawyer Building  
555 E. Washington Ave, Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Counsel Bureau  
401 S. Carson Street, Room 2135  
Carson City, NV 89701

Please bring a valid form of photo identification to the meeting. You may attend at either location. 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

9489 0090 0027 6154 3561 81





## Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

**NSBMT**

**APR 12 2020**

**RECEIVED**

March 5, 2020

Shelly J. Slocum

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. Slocum:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

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555 E. Washington Ave, Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Counsel Bureau  
401 S. Carson Street, Room 2135  
Carson City, NV 89701

Please bring a valid form of photo identification to the meeting. You may attend at either location. 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**

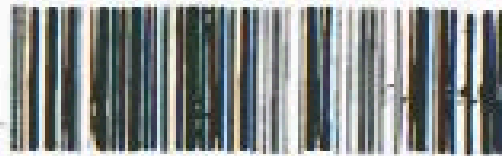
Sincerely,

  
Sandra J. Anderson  
Executive Director

9489 0090 0027 6154 3561 81



Nevada State Board of  
Massage Therapy  
1755 E. Plumb Ln. Ste 252  
Reno, NV 89502



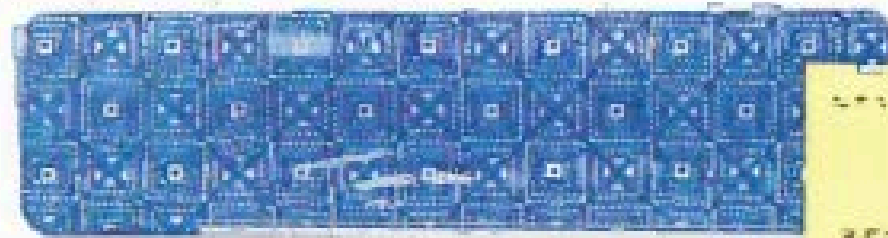
9489 0090 0027 6154 3561 81

RENO NV  
9489009000276154356181



NSBMT  
APR 12 2020  
RECEIVED

UN 3/9



650-413-6327 55 6

RETURN TO SENDER  
UNCLASSED  
UNABLE TO FORWARD  
EC: 82592365652 \*2441-00099-00-12

## **Tereza Van Horn**

---

**From:** Tereza Van Horn  
**Sent:** Monday, March 16, 2020 12:15 PM  
**To:**  
**Subject:** Board Meeting - March 25, 2020  
**Importance:** High

Ms. Slocum,

Due to the recent closure of all non-essential State offices and the request of the Legislature Buildings, our meeting for March 25, 2020 has been cancelled.

We will notify you of a meeting in the future.

Please respond to this email confirming you have been notified.

Tereza Van Horn  
Executive Assistant/Management Analyst II  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
(775) 687-9953  
tvanhorn@lmt.nv.gov



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Shelly J. Slocum

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. Slocum:

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 June 10, 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/join/zoom/register/tlcqf-mhqTguGNYc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.  
Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3395 93

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

NSBMT -  
Board  
Meeting  
June 10, 2020  
Agenda Item  
6c

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Jinping Chen

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

### BACKGROUND INFORMATION:

Ms. Chen's reflexology application is before you today due to potential criminal history that could not be approved administratively. Ms. Chen was arrested in August of 2005 for Burglary in Arcadia, California and in October of 2007 for Prostitution in Oakland, California. Ms. Chen plead Nolo for Burglary charge was given 36 months' probation. Prostitution charge was dropped to disorderly conduct due to insufficient evidence. No fines or fees or disposition available for charge. Ms. Chen 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(3)(6) & (9).

### ACTION:

- ☐ Approved
- ☐ Approved with Probation Term: \_\_\_\_\_
- ☐ Denied – NRS 640C. \_\_\_\_\_

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> J. Cooperate fully with Board staff to administrate terms of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Jinping Chen arrests/charges:

8/7/2005 - Ms. Chen was arrested by Arcadia Police Department in Arcadia, CA for 1 count of burglary. According to documents presented by Ms. Chen and/or Attorney Kirk Kennedy, Ms. Chen plead nolo and was given a sentence of 36 months of probation.

10/19/2007 – Ms. Chen was arrested by Oakland Sherriff's office in Oakland, Ca for 1 count of prostitution. According to documents received, prosecution lacked evidence and the case was dropped to disorderly conduct.

10/12/2016 – Ms. Chen was cited by Compliance Inspector A. Clifford at Moon Massage in Las Vegas, for practicing without having acquired a license or with an expired license. Ms. Chen was given a fine of \$500.00 and an administrative fee of \$150.00. Amount of \$650.00 was paid on 11/9/2016.

08/26/2019 – Ms. Chen was cited by Compliance Inspector B. Smith at Pebble Spa in Las Vegas, for practicing without having acquired a license or with an expired license. Ms. Chen was given a fine of \$1,000.00 and an administrative fee of \$150.00. Amount of \$1,150.00 was paid on 09/12/2019.

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application  
Application Number: OL190705100723

Fee: \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Reflexology with at least 200 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : ☐ Massage Therapist ☐ Structural Integration ☒ Reflexology

### Applicant Name

Last Name : CHEN

First Name : JINPING

Middle Name :



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

No record found.

### Mailing address :

Street :

City :

State :

Zip :

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

Street :

City :

State :

Zip :

Social Security Number

Date of Birth :

Place of Birth : China

Gender : ☐ Male ☒ Female

Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☒ Home ☐ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)

☐ Yes ☒ No

## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

- ☒ Check here if you have never been licensed in any state jurisdiction.

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

## Section 4 : Training and Education

### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
FUZUBA SCHOOL OF MASSAGE AND REFLEXOLOGY	LAS VEGAS	2019 - 2019	200

### Transcript(s)

Document Name	User Defined Document Name	Document Link
190705100723-114354-Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCBTMB	Las Vegas, NV	08/24/2018

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
190705100723-113830-ScoreReportCard.pdf	NCBTMBR	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot



be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

#### Fingerprint Background Waiver

#### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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



3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** CHEN

**First Name :** JINPING

**Middle Name :**

**Street :**

**City :**

**State**

**Zip :**

**Date :** 9/30/2019

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### **VETERAN**

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve  
☐ Marine Corps/Marine Corps Reserve  
☐ Navy/Navy Reserve  
☐ Air Force/Air Force Reserve  
☐ Coast Guard/Coast Guard Reserve  
☐ National Guard

**Military Occupation Specialty/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### **Affidavit of Applicant's Authorization of Release**

I, **JINPING CHEN** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities

(local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : JinPing Chen

Date : 9/30/2019

#### Upload

Have you uploaded a current passport quality photo?

Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

☒ Yes ☐ No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

☒ Yes ☐ No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Government Issued ID Card	OL190705100723-115467-Government-Issued-ID-Card.jpg	
Photo	12625-115284-CHEN, JINPING.jpg	
LiveScan	Live-Scan-Voucher-190705100723.pdf	Live-Scan-Voucher-190705100723
Transcript	190705100723-114354-Transcript.pdf	FUZUBA-TRANSCP
Certificate of Completion	190705100723-114353-Certificate-of-Completion.pdf	FUZUBA-DIPL
Score Report Card	190705100723-113830-ScoreReportCard.pdf	NCBTMB-R
Social Security Card	OL190705100222-113713-Social-Security-Card.pdf	
Government Issued ID Card	OL190705100222-113712-Government-Issued-ID-Card.pdf	

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:



## OFFICIAL TRANSCRIPT

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

STUDENT NAME: Chen Jinping GENDER: Female SSN:             
DATE OF BIRTH:                                  ID:                                   
START DATE: 02/19/2019 COMPLETION DATE: 07/05/2019

<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	B
C.	Practical Applications of Reflexology	40	B-
D.	Professional Practice of Reflexology: Health, Safety, Hygiene, Ethics and Business	15	B+
E.	Supervised Practice	<u>90</u>	PASS

TOTAL HOURS: 200

FINAL GRADE: B



  
Qian Yang, CMT, Assistant Director

Date: 07-05-2019





## Certificate of Graduation

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



  
Qian(Chelsea) Yang  
Director

## Official NCBTMB Score Report

**JINPING CHEN**

**UNITED STATES**

**DOB:**



**Exam Name:** Reflexology Certificate Exam

**Exam Date:** 8/28/2018

**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.



# Invoice

<b>Date</b>	<b>Invoice #</b>
<b>10/12/2016</b>	<b>851</b>

PAID  
11/09/2016

Jinping Chen

Terms	Due Date
Net 15	10/27/2016

Description	Amount
Administrative Fine-640C.910 Practicing without having acquired a license	500.00
Administrative Fee	150.00
Total	\$650.00





**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: 10-7-16 Time: 1533hrs

Name: Jinping Chen

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

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

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

Establishment Name: MOON Massage

Dear MS. CHEN:

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,

Amanda Clifford  
Compliance Inspector I

# NEVADA STATE BOARD OF MASSAGE THERAPISTS CITATION

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

ORIGINAL

SS # \_\_\_\_\_ D.O.B. \_\_\_\_\_ DL/ID # \_\_\_\_\_

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPISTS

REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY, THAT ON OR

ABOUT OCT 7, 2016 AT 1533hrs AT  
Moon Massage 3335 Kietzke Ln Reno NV 89502

THE ABOVE NAMED PARTY DID ENGAGE IN THE FOLLOWING ACTIVITY, TO WIT:

- ☒ 640C.910 Practicing Without Having Acquired a License or With an Expired License \_\_\_\_\_
- ☐ 640C.920 Copying License for Display Orally \_\_\_\_\_
- ☐ 640C.930 Advertising Without a License or with an Expired License \_\_\_\_\_
- ☐ 640C.450 Practicing Without Display of Original License \_\_\_\_\_
- ☐ NAC 640C.350 Advertising Without License Number \_\_\_\_\_
- ☐ NAC 640C.200 to NAC 640C.310 Sanitation Violation \_\_\_\_\_
- ☐ NAC 640C.380 to 640C.410 Standards of Practice & Unprofessional Conduct \_\_\_\_\_
- ☐ NAC 640C.230(2) Domestic Purposes \_\_\_\_\_
- ☐ 640C.700(12) On Probation Working Without Supervising LMT Present \_\_\_\_\_

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 NRS640C. 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>500.00</u>	for the first violation of	\$150.00
2. \$ _____	for the second violation of	
3. \$ _____	for the third and each subsequent violation of	

I, Arianna Clifford, 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 \$ 650.00 due and payable within 15 business days.

SIGNATURE

PRINT NAME

DATE

SIGNATURE OF REPRESENTATIVE

PRINT NAME

DATE



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

PAID  
09/12/2019

Date	Invoice #
9/4/2019	1004

Jinping Chen

<b>Terms</b>	<b>Due Date</b>
<b>Net 15</b>	<b>9/19/2019</b>

Description	Amount
Administrative Fine - Violation of NRS.640C.910 (1)(b) - Prohibited activities without a license	1,000.00
Administrative Fee	150.00
Total	\$1,150.00



**Administrative Citation**  
 Nevada State Board of Massage Therapy  
 1755 E. Plumb Lane, Suite 252, Reno, NV 89502  
 P: (775) 687-9955 E: nvmessagebd@state.nv.us  
 Website: <http://massagetherapy.nv.gov>

**CIT #19012**

Citation Date: 8/26/19  
 Time: 3:20pm  
 Fishment ☐ Licensee ☐ Other ☐

Name: Jinping Chen DL/ID: 1 ST NV

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: 3

Incident Date: 8-26-19

Business Name: Pebble Spa

Business Address: 8846 S. Eastern Ave #101 LV, NV 89123

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, TO WIT:

Violation NAC/NRS Code	Offense/Fine			Total
	First	Second	Third	
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 Lavatories	\$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	
✓ NRS 640C.910(1)(b) and/or(c) or (2)(b) and/or(c) Prohibited Activities without license	\$1000	\$2000	\$5000	1000.00
NRS 640C.920 Unlawful acts/licenses	\$1000	\$2000	\$5000	
NRS 640C.700(14) 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 NRS640C. 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. Fine(s) 1000 + Fee 150 = \$ 1150 total amount due and payable within 15 business days. (Sect.4 of LCB File R108-17)

Signature and Date: Jinping Chen  
28

Print Name

Signature and Date: Bianca R. Smith  
8-26-19

Print Name

WHITE: OFFICE / CANARY: RECIPIENT / PINK: BILLING



**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>

October 21, 2019

Jinping Chen

Re: DISPOSITION OF RECORD

Dear Ms. Chen,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the arrest dates. **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.

Your background check will expire on **03/30/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn", is written over the word "Sincerely,".

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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



*VIA FACSIMILE TO:*  
*775-786-4264*

October 28, 2019

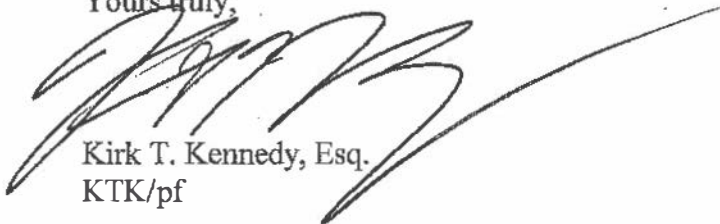
Tereza Van Horn  
Executive Assistant  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Ste. 252  
Reno, NV 89502

RE: Jinping Chen Reflexology License Application

Dear Ms. Van Horn:

Please be advised that I am counsel for Ms. Jinping Chen for her pending reflexology license application. I will be assisting Ms. Chen with her response to the Board's inquiry regarding her criminal history. Kindly forward any communication regarding this matter to my office. Thank you.

Yours truly,



Kirk T. Kennedy, Esq.  
KTK/pf





March 6, 2020

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

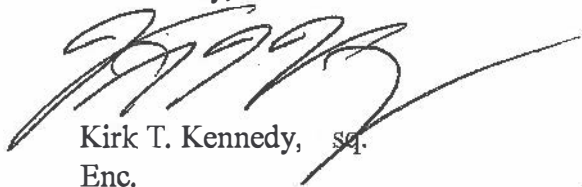
RE: Application of Jinping Chen - Reflexology License

Dear Ms. Van Horn:

Since early November, 2019, I have made attempts to obtain copies of any police/court records related to Ms. Jinping Chen's criminal history in California. After many roadblocks and unresponsive letters from various California agencies, I have been able to obtain a copy of some limited records related to her 2005 burglary arrest. See Attached. The 2005 case was resolved to a misdemeanor theft charge and she received a probation sentence of 36 months supervision.

Regarding her remaining California criminal history, I have not been able to secure any additional records. Given the status of this matter, I would request that the Massage Board proceed to set her application for a review hearing at the next available agenda setting. Thank you for your cooperation.

Yours truly,



Kirk T. Kennedy, sq.  
Enc.







**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>

March 13, 2020

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

Re: Jinping Chen – Disposition of Record

Dear Mr. Kennedy,

In order to complete Ms. Chen'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. Chen's arrests.
2. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Ms. Chen's background check will expire on **03/31/2020**. Ms. Chen's reflexology 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

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



Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
Phone (775) 687-9955  
Fax (775) 786-4264  
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Website: <http://massagetherapy.nv.gov>

WAIVER OF OPEN MEETING LAW SERVICE REQUIREMENTS

I, Kirk T Kennedy for Jinpin Chen, the undersigned, being apprised  
First Name MI Last Name

of the requirements under NRS 241.033 and NRS 241.034 for a public body to notify a person by certified mail 21 working days in advance or by personal service 5 working days in advance of a meeting in which that public body will consider that person's character, professional competence, or physical or mental health or take administrative action against that person, knowingly and voluntarily waive these service and notification requirements as to the undersigned for (an) agenda item(s) pertaining to the undersigned at the meeting of the Nevada State Board of Massage Therapy set for 9:00 a.m. on Wednesday, June 10, 2020, via Zoom:

Register in advance for this meeting:

<https://zoom.us/join/zoom/register/Jcaf-mhqTguGNyC09MqVYjK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

Dated this 18 day of May, 2020.

[Signature] for Jinpin Chen  
Signature

Kirk T Kennedy Esq.  
First MI Last



## Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 20, 2020

Jinping Chen  
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. Chen:

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 June 10, 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/join/zoom/register/tlcqf-mhqTguGNYc09MqVYlK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860


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

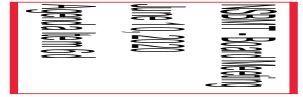
COPY

9489 0090 0027 6226 3396 78



# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET



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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Celina Lin

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

### BACKGROUND INFORMATION:

Ms. Lin's reflexology application is before you today due to potential criminal history that could not be approved administratively. Ms. Lin was arrested in March of 2007 for prostitution in Santa Barbara, California. Charge was dismissed after the completion of Ms. Lin's three (3) year probation. Ms. Lin 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(2)(3)(6) & (9).

### ACTION:

- ☐ Approved
- ☐ Approved with Probation Term: \_\_\_\_\_
- ☐ Denied – NRS 640C. \_\_\_\_\_

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application  
Application Number: OL190831114108

Fee: \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Reflexology with at least 200 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : ☒ Message Therapist ☐ Structural Integration ☐ Reflexology

Applicant Name

Last Name : LIN

First Name : CELINA

Middle Name :



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

Other Name

LIN FANGJU

Mailing address :

Street :

City :

State :

Zip :

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

Street :

City :

State :

Zip :

Social Security Number :

Date of Birth

Place of Birth : CHINA

Gender : ☒ Male ☐ Female

Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☒ Home ☐ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)

☐ Yes ☒ No

## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- > I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

- ☒ Check here if you have never been licensed in any state jurisdiction.

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

## Section 4 : Training and Education

### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
FUZUBA SCHOOL OF MASSAGE AND REFLEXOLOGY	LAS VEGAS	2019 - 2019	200

Transcript(s)		
Document Name	User Defined Document Name	Document Link
190831114108-115965Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCBTMB	las vegas, nv	8/27/2018

National Exam Status :

Date Received :

Score Report Received <

Document Name	User Defined Document Name	Document Status
190831114108-114977-ScoreReportCard.pdf	NCBTMB-R	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot

be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

#### Fingerprint Background Waiver

##### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** LIN

**First Name :** CELINA

**Middle Name :**

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 11/15/2019

**Submitting Agency :** Nevada State Board of Massage Therapy

**Address :** 1755 E. Plumb Ln, Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

**Military Occupation Specialty/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **CELINA LIN** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.  
I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.  
I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities

(local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Celina Lin

Date : 11/16/2019

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Photo	12720-115994-LIN, CELINA.jpg		
Transcript	190831114108-115965-Transcript.pdf	FUZUBA--TRANSCP	
Certificate of Completion	190831114108-115964-Certificate-of-Completion.pdf	FUZUBA-DIPL	
Score Report Card	190831114108-114977-ScoreReportCard.pdf	NCBTMB-R	
Social Security Card	OL190831113007-114828-Social-Security-Card.jpeg		
Government Issued ID Card	OL190831113007-114827-Government-Issued-ID-Card.jpeg		

#### Application Fees

**All fees are non-refundable.**

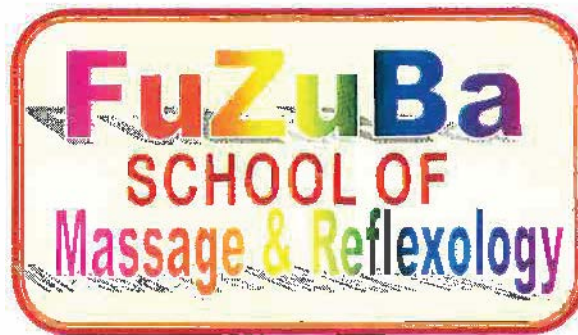
#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:





## OFFICIAL TRANSCRIPT

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

STUDENT NAME: Lin, Celina  
DATE OF BIRTH: \_\_\_\_\_  
START DATE: 07/10/2019

GENDER: Female  
ID: \_\_\_\_\_  
COMPLETION DATE: 08/27/2019

<u>UNIT</u>	<u>SUBJECT</u>	<u>HOURS</u>	<u>GRADE</u>
A.	Reflexology History, Theory and Scope of Practice	25	B
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	B-
E.	Supervised Practice	<u>90</u>	A

TOTAL HOURS: 200

FINAL GRADE: A-





Nathan O'Hara, Ph.D., Director  
805/453-2908

Date: 08/27/2019 <sup>11/5/2019</sup>



## Certificate of Graduation

I certify that that Ms. Celina Lin, having successfully completed the 200 hour course in Professional Practice of Reflexology training program, is awarded the Certificate of Graduation this twenty-ninth day of August, 2019, with all the rights and responsibilities thereto pertaining.



  
Nathan O'Hara, Ph.D.  
Director



## Official NCBTMB Score Report

**CELINA LIN**

**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.



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

PAID  
12/15/2016

Date	Invoice #
11/17/2016	869

Bill To	12/11
Celina Lin	

<b>Terms</b>	<b>Due Date</b>
<b>Net 15</b>	<b>12/2/2016</b>

Description	Amount
Administrative Fine - NRS 640C.910 - Practicing without having acquired a license or with an expired license.	500.00
Administrative Fee	150.00
Total	\$650.00



**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://massage.nv.gov>

 **ORIGINAL**

Date: 11/14/2016

Time: 3:40 PM

Name: Celina Lin

Mailing Address:

City:

State:

Zip:

Phone Number:

Establishment Name: Korean City Spa – Las Vegas, NV

Dear Ms. Lin:

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

  
CC Brun

Chief Compliance Investigator

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

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

Celina Lin

**ORIGINAL**

SS #

D.O.B.

DL/ID #

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPISTS  
REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY, THAT ON OR  
ABOUT Oct 10, 2016 at 9:30 pm, at Korean City Spa located at 710 E. Flamingo LV, NV  
THE ABOVE NAMED PARTY DID ENGAGE IN THE FOLLOWING ACTIVITY, TO WIT:

- ☒ 640C.910 Practicing Without Having Acquired a License or With an Expired License  
☐ 640C.920 Copying License for Display  
☐ 640C.930 Advertising Without a License or with an Expired License  
☐ 640C.450 Practicing Without Display of Original License  
☐ NAC 640C.350 Advertising Without License Number  
☐ NAC 640C.200 to NAC 640C.310 Sanitation Violation  
☐ NAC 640C.360 to 640C.410 Standards of Practice & Unprofessional Conduct  
☐ NAC 640C.230(2) Domestic Purposes  
☐ 640C.700(12) On Probation Working Without Supervising LMT Present

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 NRS640C. 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>500.00</u>	for the first violation of	\$150.00
2. \$ _____	for the second violation of	
3. \$ _____	for the third and each subsequent violation of	

I, Christy Brunner, 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 \$ 650.00 due and payable within 15 business days.

**Sent by Certified Mail**

SIGNATURE

91 7199 9991 7035 3095 6037

PRINT NAME

DATE

SIGNATURE OF REPRESENTATIVE

C. Brunner

PRINT NAME

11/14/2016

DATE



*VIA FACSIMILE TO:*  
775-786-4264

December 9, 2019

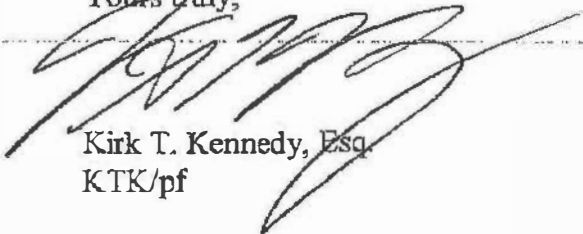
Tereza Van Horn  
Executive Assistant  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Ste. 252  
Reno, NV 89502

RE: Celina Lin reflexology license application

Dear Ms. Van Horn:

Please be advised that I am counsel for Ms. Celina Lin for her pending reflexology license application. Kindly forward any communication regarding this matter to my office. Thank you.

Yours truly,



Kirk T. Kennedy, Esq.  
KTK/pf



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

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

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

November 27, 2019

Celina Lin

Re: DISPOSITION OF RECORD

Dear Ms. Lin,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Your background check will expire on **03/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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 [nymassagebd@state.nv.us](mailto:nymassagebd@state.nv.us)

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn", is written over the word "Sincerely,".

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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





*VIA FACSIMILE TO:*  
775-786-4264

March 10, 2020

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

RE: Celina Lin Reflexology Application

Dear Ms. Van Horn:

Enclosed, please find the only records I could locate regarding Ms. Celina Lin's 2007 California arrest. The court records from that arrest indicate that she received a probationary sentence and the case was formally dismissed February 3, 2009. Please proceed forward with processing her application and setting the matter for a fitness hearing. Thank you.

Yours truly,

A handwritten signature in black ink, appearing to read 'Kirk T. Kennedy', is written over a long, horizontal line that extends across the page.

Kirk T. Kennedy, Esq.





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

March 13, 2020

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

Re: Celina Lin – Disposition of Record

Dear Mr. Kennedy,

In order to complete Ms. Lin'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. Lin's arrests.
2. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Ms. Lin's background check will expire on **03/31/2020**. Ms. Lin's reflexology 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,

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

Tereza Van Horn  
Executive Assistant

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





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WAIVER OF OPEN MEETING LAW SERVICE REQUIREMENTS

I, \_\_\_\_\_, the undersigned, being apprised  
First Name MI Last Name

of the requirements under NRS 241.033 and NRS 241.034 for a public body to notify a person by certified mail 21 working days in advance or by personal service 5 working days in advance of a meeting in which that public body will consider that person's character, professional competence, or physical or mental health or take administrative action against that person, knowingly and voluntarily waive these service and notification requirements as to the undersigned for (an) agenda item(s) pertaining to the undersigned at the meeting of the Nevada State Board of Massage Therapy set for 9:00 a.m. on Wednesday, June 10, 2020, via Zoom:

Register in advance for this meeting:

<https://zoom.us/join/zoom/register/1Jc9f-mhgTguGNYc09MgVYlJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

Dated this 18 day of May,

Signature

Kirk T Kennedy Esq.  
First MI Last



## Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 20, 2020

Celina Lin

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. Lin:

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 June 10, 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/join/zoom/register/tlcqf-mhqTguGNYc09MqVYljK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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.

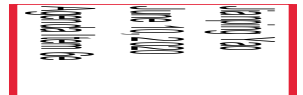
If you have any questions, please feel free to contact the office at (775) 687-9955.

COPY

Executive Director  
Cc: Kirk T. Kennedy

9489 0090 0027 6226 3396 61

# NEVADA STATE BOARD OF MASSAGE THERAPY



## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Jianping Yao

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

### BACKGROUND INFORMATION:

Ms. Yao's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Yao was previously licensed with NSBMT in 2010. License #4537 was revoked by the Board for three (3) years on February 6, 2015 for violation of NRS.640C.700(1)(3) and (9). Ms. Yao failed to report a prostitution arrest in Illinois and failed to report subsequent disciplinary action by another State Agency or Jurisdiction based Illinois revocation of her massage license for three (3) years and fines of \$20,000.00 for the above listed arrest. Ms. Yao is requesting to be granted a license under NRS 640C.580 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(1)(2)(3)(4)(6)(9) and (11).

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Jiaping Yao arrests/charges:

Application submitted 8/20/2009 – Application reflected Royal Irvin College as education and Illinois license bearing the number of 227.004788 with an expiration date of 12/31/2010. New license approved and issued on 2/16/2010. License # 4537.

Renewed license #4537 in 2011, 2012, 2013, 2014 without indicating any arrests or disciplinary action by another State agency or jurisdiction during these renewal periods.

Information received from Illinois - April 15, 2011 Arrested for prostitution in Evanston, IL resulting in a one (1) year probation with a fine. Case # 2011-2-008985. Arrested at Two Carnation Spa in Evanston, IL.

Information from Illinois documents - May 29, 2013 – Illinois Department of Financial and Professional Regulation Division of Professional Regulation recommended to revoke Ms. Yao IL massage license for a period of three (3) years and a fine of \$20,000.00 payable within sixty (60) days.

February 6, 2015 – Nevada State Board of Massage finds Ms. Yao guilty of NRS.640C.700(1)(3) and (9) resulting in a revocation of NVMT.4537 for three years with fines of \$750.00. Fines paid as agreed.

August 23, 2019 – Submitted application request with Nevada State Board of Massage.

October 1, 2019 – Submitted application with Nevada State Board of Massage.

Attended Royal Irvin College, CA in 2009 – Did not disclose on application

Previous licensure with IL – Did not disclose on application

Previous disciplinary action by Illinois – Did not disclose on application

Social security number, date of birth and address confirm Ms. Yao as person with arrest/conviction in Illinois followed by revocation and fines/fees applied to Ms. Yao.

Prepared by Tereza Van Horn, Executive Assistant



NSBMT

sep 3 2019

RECEIVED

## Nevada Board of Massage Therapy

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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 Yao First Jianping 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 Same Home City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: Chi

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Gender:

Male ☐Female ☒

Business Name: \_\_\_\_\_

Business Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 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.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)
Nevada State Massage License	NMT 4537	2010	

### 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
AMO School	Las Vegas NV	2019 - 2019	650 Hours

### 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)
Angeles / CA	07-07-2009	None



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 type="checkbox"/>	<p>1. Have you <b>ever</b> had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: <b>(*required)</b></p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>_____</p> <p>*Reason for action: _____</p> <p>_____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>_____</p> <p>*Reason for action: _____</p>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>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)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>3. Are you currently or have you <b>ever</b> been required to register as a Sex Offender? (Tier I, II or III)</p> <p>If so, please explain (Use additional paper if necessary) _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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:</p> <p>(a) Made sexual advances toward the person;</p> <p>(b) Requested sexual favors from the person; or</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: <b>(*required)</b></p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>_____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p> <p>*Date of charge/offense (M M/D D/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>_____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p>

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.

Date: 8-30-2019

State of

County of Clark

NEVADA

County of

Signed and sworn to before me this 30th day of Aug 2019

Sharon Williams, who personally appeared before me.

[Signature]  
Notary Public Signature

10/2020  
Notary commission expiration date

(Official Stamp)



SHAROLL WILLIAMS  
Notary Public - State of Nevada  
County of Clark  
APPT NO. 12-9145-1 My app. Expires Oct. 10, 2020

NSBMT

SEP 03 2019

RECEIVED



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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      x Massage Therapist      ☐ Reflexologist

### Nevada Veteran Data

Have you ever served in the military: ☐ Yes    x 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

NSBMT

SEP 03 2019

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

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

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

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

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

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

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

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

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

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

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

Applicant's Name: Jianp 9 y

Date: 8-27-19

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham Signature \_\_\_\_\_



## AMO School NV

5115 SPRING MOUNTAIN ROAD #215, LAS VEGAS NV 89146

TEL: 702-489-8305 EMAIL: INFO@AMONV.COM

HTTP://WWW.AMONV.COM

Name: Jianping Yao

Student ID:

CUM GPA: 3.9

Date of Birth:

Start Date: 01/21/2019

Graduation Date: 08/08/2019

### 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. Contradictions	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
<b>Theory GPA</b>	<b>B+</b>	<b>Practicum GPA</b>	<b>A</b>

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

**Jianping Yao**

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

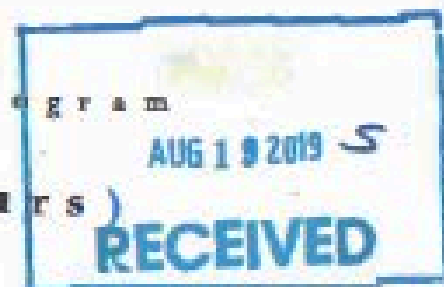


Instructor

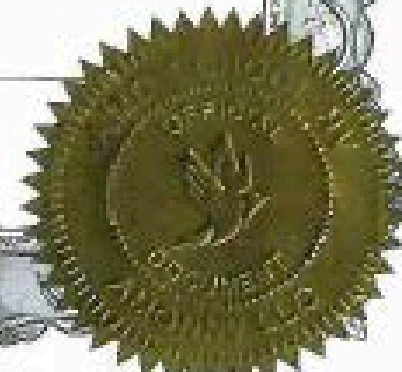
01/21/2019 - 08/08/2019

Date

Director



AMO SCHOOL NV



## Official NCBTMB Score Report

**Jian Ping Yao**

**UNITED STATES**

**DOB:**



**Exam Name:** NCETMB

**Exam Date:** 7/7/2009

**Exam Result:** PASS

**Candidate ID:** 577973-09

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 [scores@ncbtmb.org](mailto:scores@ncbtmb.org) or call 800-296-0664.





Dear NSBMT,

My name is Jianping Yao, i recently trying to apply the massage license in Nevada. But i would like to tell you something before we start. I have applied the license before in 2009, but somehow at that time, the board was confusing me with someone else, someone who was having fine but not me.

Kindly let me know is there anything you need for my application.

Thank you.

*for. charge is not me.  
please check out!*

Jianping Yao

8-12-2019







*VIA FACSIMILE TO:*  
775-786-4264

February 19, 2020

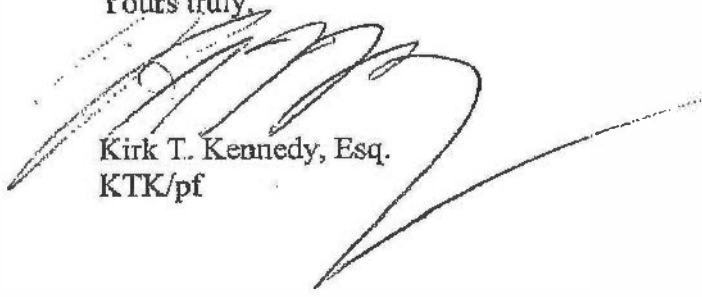
Tereza Van Horn  
Executive Assistant  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Ste. 252  
Reno, NV 89502

RE: Jianping Yao

Dear Ms. Van Horn:

Please be advised that I am counsel for Ms. Jianping Yao for her pending massage license application review matter. I would request your assistance to email me her complete application file documents, as she does not have any copies for me. Also, I understand that there may be a review hearing set for March 25, so please confirm this setting. Thank you.

Yours truly,



Kirk T. Kennedy, Esq.  
KTK/pf



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

February 21, 2020

Jianping Yao

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. Yao:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

**Las Vegas Location**  
Grant Sawyer Building  
555 E. Washington Ave, Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Counsel Bureau  
401 S. Carson Street, Room 2135  
Carson City, NV 89701

Please bring a valid form of photo identification to the meeting. You may attend at either location. 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,

A handwritten signature in blue ink, appearing to read "Sandra J. Anderson", is written over a horizontal line.

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

COPY

9489 0090 0027 6154 3560 99



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

February 21, 2020

Jianping Yao

**NSBMT**

**MAR 02 2020**

**RECEIVED**

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

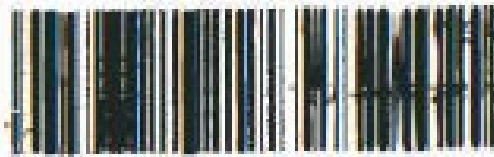
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NV ST BD of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502

NSBMT

MAR 03 2020

RECEIVED

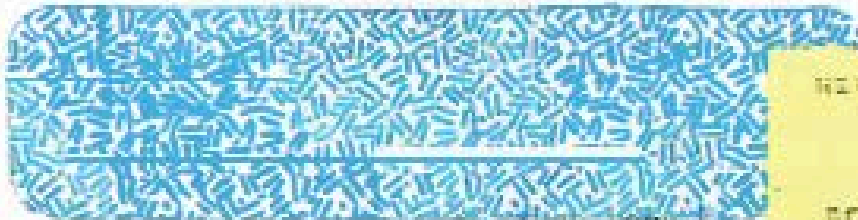


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MAILED ON 02/21/20



0001395818 FEB 21 2020



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

EC: 38502363632 \*2041-81818-21-41

091 1295809 516

## Tereza Van Horn

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**From:** Tereza Van Horn  
**Sent:** Monday, March 16, 2020 12:13 PM  
**To:**  
**Subject:** Board Meeting - March 25, 2020  
**Importance:** High

Ms. Yao,

Due to the recent closure of all non-essential State offices and the request of the Legislature Buildings, our meeting for March 25, 2020 has been cancelled.

We will notify you of a meeting in the future.

Please respond to this email confirming you have been notified.

Tereza Van Horn  
Executive Assistant/Management Analyst II  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
(775) 687-9953  
tvanhorn@lmt.nv.gov



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Jianping Yao

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. Yao:

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 June 10, 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/join/zoom/register/tlcf-mhgTguGNYc09MqVYIjK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3396 16

**Nevada State Board  
of Massage Therapists**  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
Phone (775) 688-1888  
Fax (775) 786-4264



**Nevada State Board  
of Massage Therapists**  
21 Convention Center Drive Suite 830  
Las Vegas, NV 89109  
Phone (702) 486-2212  
Fax (702) 486-3658

### Massage Therapist Application

Type or print legibly all portions of this application. All of this application must be filled in so use N/A for items not applicable. Incomplete applications will not be processed;

(Check one) ☒ NEW APPLICATION ☐ TRANSFERRING FROM ANOTHER JURISDICTION

#### Section 1 Personal Information

Applicant Name Last First Middle Initial

YAO

JIANPING

List all other names previously or currently being used by you

JIAN PING YAO GASCA

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

NANJING, CHINA

Home Phone

Cell Phone

Business Phone

Gender

☐

Male

☒

Female

Business Name

N/A

Business Address

Street City State Zip

#### 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.

NSBMT

AUG 20 2008

Received

NSBMT

AUG 10 2008

Received



### Section 3 Licensure Information

#### Previous Licensure

List all jurisdictions/states in which you have been licensed as a massage practitioner. Please attach another sheet of paper if you need more room.

☒ Sign off from Local jurisdiction to follow

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
ILLINOIS	227.004788	08/25/2005	12/31/2010

### Section 4 Massage Training and Education

Massage Training *Enlosed school official transcripts.*

School sending transcripts \_\_\_\_\_ date requested.

☐ School sent fingerprint cards prior to graduation.

Request official transcripts from the registrar of your school/(s) mailed directly to the Nevada State Board of Massage Therapists.

Name of School	City and State	Years from and to	Hours Completed
Royal Irvin College	Monterey Park, California	12/29/08-6/26/09	500 Hours

### Section 5 National Certification Board for Therapeutic Massage and Bodywork Exam Information

☐ NESL ☐ NCETM ☒ NCETMB

Provide a copy of your official certificate or confirmation letter.

This must be provided in your application package only. (not from NCBTMB)

☒ Received test date confirmation letter included in package.

Where taken	Date Taken	Expiration Date
Gardena, California	07/07/2009	07/07/2013

NSBMT  
AUG 20 2009  
Received

NSBMT  
AUG 10 2009  
Received

## Section 6 Character References

List the names with their complete and accurate addresses of five (5) natural persons who are not related to you, are not business associates and who are willing to serve as a character reference. Use additional sheet of paper if necessary.

We will not be responsible for any delays attributed to the return of these letters by your references.

Name	Address	Telephone
JENNIFER L. B.	2005 Blue Rd Chicago, IL 60618	(773) 347-0571
DAVID J. B.	187 W 23rd St #5 Chicago, IL 60616	312-833-8757
Sophia Chen	252 S Taylor St #A Chicago, IL 60608	(312) 867-0810
LIN YIN	333 N LaSalle St #10 Chicago, IL 60610	312-717-7251
WEI HONG	333 N LaSalle St #10 Chicago, IL 60610	312-842-3203

## Section 7 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?

If yes, complete the following:

Date of Revocation/suspension/summar/ or any other disciplinary action: \_\_\_\_\_

Licensing Agency/Jurisdiction that took action: \_\_\_\_\_

Name and Address of Employer/supervisor: \_\_\_\_\_

Reason for action: \_\_\_\_\_

☐ Yes ☒ No

2. Have you been arrested or convicted, within the 10 years immediately preceding submission of this application of a felony or for any crime involving violence, prostitution or any other sexual offense?

If yes, complete the following:

Date of Charge/offense: \_\_\_\_\_

Name and Address of Law Enforcement Agency: \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

☐ Yes ☒ No

3. Are you currently a party to any pending litigation? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation. (Please attach a separate sheet of paper)

NSBMT  
AUG 20 2008  
Received

NSBMT  
AUG 10 2008  
Received

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>4. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> <li>a. A letter of explanation that addresses the impairment or limitations of practice</li> <li>b. A letter of reference from your current/last employer</li> <li>c. A copy of your last employment evaluation</li> <li>d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</li> </ul>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>5. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> <li>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities</li> <li>b. Documentation from knowledgeable individual(s) documenting your length of sobriety</li> <li>c. Documentation of inpatient or outpatient chemical dependency treatment.</li> </ul>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>6. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> <li>a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of massage safely</li> <li>b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out massage duties reliably and with good judgment.</li> </ul>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>7. Have you committed any of the offenses as outlined below and in NRS 640C.700? If Yes, explain on a separate piece of paper.</p> <p><b>NRS 640C.700 Grounds for disciplinary action.</b> The Board may refuse to issue a license to an applicant, or may initiate disciplinary action against a holder of a license, if the applicant or holder of the license:</p> <ul style="list-style-type: none"> <li>1. Has submitted false, fraudulent or misleading information to the Board or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government;</li> <li>2. Has violated any provision of this chapter or any regulation adopted pursuant thereto;</li> <li>3. Has been convicted of a crime involving violence, prostitution or any other sexual offense, a crime involving any type of larceny, a crime relating to a controlled substance, a crime involving any federal or state law or regulation relating to massage therapy or a substantially similar business, or a crime involving moral turpitude within the immediately preceding 10 years.</li> <li>4. Has engaged in or solicited sexual activity during the course of practicing massage on a person, with or without the consent of the person, including, without limitation, if the applicant or holder of the license:           <ul style="list-style-type: none"> <li>(a) Made sexual advances toward the person;</li> <li>(b) Requested sexual favors from the person; or</li> <li>(c) Massaged, touched or applied any instrument to the breasts of the person, unless the person has signed a written consent form provided by the Board;</li> </ul> </li> <li>5. Has habitually abused alcohol or is addicted to a controlled substance;</li> <li>6. Is, in the judgment of the Board, guilty of gross negligence in his practice of massage therapy;</li> <li>7. Is, determined by the Board to be professionally incompetent to engage in the practice of massage therapy;</li> <li>8. Has failed to provide information requested by the Board within 60 days after he received the request;</li> <li>9. Has, in the judgment of the Board, engaged in unethical or unprofessional conduct as it relates to the practice of massage therapy;</li> <li>10. Has been disciplined in another state, a territory or possession of the United States or the District of Columbia for conduct that would be a violation of the provisions of this chapter or any regulations adopted pursuant thereto if the conduct were committed in this State;</li> <li>11. Has solicited or received compensation for services relating to the practice of massage therapy that he did not provide;</li> <li>12. If the holder of the license is on probation, has violated the terms of his probation; or</li> <li>13. Has engaged in false, deceptive or misleading advertising, including, without limitation, falsely, deceptively or misleadingly advertising that he has received training in a specialty technique of massage for which he has not received training, practicing massage therapy under an assumed name and impersonating a licensed massage therapist.</li> </ul>

NSBMT  
AUG 10 2009  
Received

NSBMT  
AUG 20 2009  
Received

**Nevada State Board  
of Massage Therapists**  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
Phone (775) 688-1888  
Fax (775) 786-4264



**Email:**  
nvmessagebd@state.nv.us  
**Website:**  
<http://massage.nv.gov>

**Nevada State Board  
of Massage Therapists**  
101 Convention Center Drive Suite 830  
Las Vegas, NV 89109  
Phone (702) 486-2212  
Fax (702) 486-3658

### **Affidavit of Applicant / Authorization of Release**

I, JIANPING YAO, 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 and I have disclosed or have not been arrested or convicted, within the 10 years immediately preceding submission of this application, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, my references, 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 Therapists any information, files or records required by the Nevada State Board of Massage Therapists 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 in the State of Nevada.

Signature of Applicant: Jianping Yao Date: 8/5/09

State of CALIFORNIA County of LOS ANGELES

Signed and sworn to before me this 5 day of AUGUST 2009 by

JIANPING YAO, who personally appeared before me.

[Signature]  
Notary Public Signature

 **SANDY LIN MEI CHOU**  
COMM. #1848802  
Notary Public - California  
Los Angeles County  
My Comm. Expires May 11, 2013

Notary commission expiration date

**NSBMT**  
**AUG 20 2009**  
**Received**

**NSBMT**  
**AUG 10 2009**  
**Received**

- n. Review Application of Jianping Yao for Approval, Denial or Other Administrative Action Pursuant to NRS 640C.400 (4) – Present.

Lisa Cooper stated that Jianping Yao is before the Board due to education received in California and is requesting to be granted a license under NRS 640C.400.

Michelle Viesselman asked Ms. Yao if she is currently licensed in Illinois?

Ms. Yao stated "Yes."

Michelle Viesselman asked Ms. Yao if any actions or complaints have been filed against the Illinois license?

Ms. Yao stated "No."

Ms. Viesselman asked Ms. Yao how long she has been licensed in Illinois?

Ms. Yao stated for five years.

Ms. Shea asked Ms. Yao how can she be licensed for five years, yet according to the transcript from Royal Irvin College, she just graduated in June of 2009?

Ms. Yao stated that in Illinois she did not have to take the National Exam and when she came to California, she went back to school to prepare herself for the National Exam to meet Nevada's requirements.

**Motion:** Michelle Viesselman made a motion to grant a license to Jinping Yao with no restrictions.

**Seconded:** Tree Allemang

**Motion carried.**

272-3  
LIC. #

NEVADA STATE BOARD  
OF

MASSAGE THERAPISTS



This is to Certify that

JIAN PING YAO

HAS MET THE REQUIREMENTS SET FORTH UNDER THE RULES AND REGULATIONS OF THE BOARD IN THE PRINCIPLES AND PRACTICE OF A MASSAGE THERAPIST; THEREFORE, UNDER A PROVISION OF AN ACT TO REGULATE THE PRACTICE OF MASSAGE THERAPY, THE SAME BEING CHAPTER 640 C, NEVADA REVISED STATUTES, THE NEVADA STATE BOARD OF MASSAGE THERAPISTS HEREBY GRANTS THIS LICENSE AND CAUSES THE NAME TO BE ENTERED UPON THE RECORDS OF THE BOARD TO PRACTICE AS

Massage Therapist

THIS LICENSE IS REVOCABLE FOR CAUSE AS SPECIFIED BY LAW. IN WITNESS WHEREOF, THE SIGNATURE OF THE CHAIRMAN AND THE OFFICIAL SEAL OF THE NEVADA STATE BOARD OF MASSAGE THERAPISTS ARE HEREBY AFFIXED GIVEN AT RENO (OR LAS VEGAS) NEVADA THE 30th DAY OF JANUARY, 2013

CHAIRMAN'S SIGNATURE



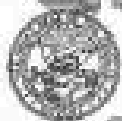
Issue date 03/01/13

License expires 02/28/14

MASSAGE THERAPIST

SEPARATE THE LICENSE ABOVE AND DETACH  
AND MAIL THE ID BEHIND

FOR TAX RECORDS



NEVADA STATE BOARD  
OF  
MASSAGE THERAPISTS

1111 South 2nd  
Reno, Nevada 89502

NVMT. 4537 ISSUED THIS LICENSE TO  
LICENSE NO.

JIAN PING YAO

MASSAGE THERAPIST  
02/28/2014

MASSAGE THERAPIST



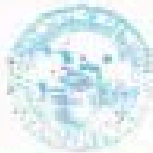
NEVADA STATE BOARD  
OF  
MASSAGE THERAPISTS

1111 S. Flamingo Ave., Suite 212  
Reno, Nevada 89502

License #  
License Year 03/13  
Amount \$150.00

NVMT. 4537  
TO 02/14

Exhibit 4



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

# Nevada State Board of Massage Therapists

1755 E. Plumb Lane Suite 252  
 Reno, NV 89502  
 Phone (775) 887-9955  
 (702) 488-2212  
 Fax (775) 788-4284



JIAN PING YAO

NVMT 4937  
 March 1, 2013 -  
 February 28, 2014

BMT  
 JAN 24 2013  
 Received

Number of Roll  
 Over Hours  
 available to you

0

12  
 12  
 0

## RENEWAL DIRECTIONS

This renewal application must be completed, signed and returned to the above address prior to the expiration date on your license (NRS 640C.500). Include a fee of \$150.00 in the form of a cashier's check or money order, and 1 current passport quality photo. Print in Blue or Black ink ONLY. Please attach a minimum of 12 Continuing Education Hours or have a minimum of 12 hours in Roll Over CEH's from the previous renewal period.

Incomplete Applications will be returned.

Any changes to your personal information must be made in the boxes below, and you MUST provide legal documentation if needed (i.e. for name change you will need to provide a marriage certificate or divorce decree).

FIRST NAME	J	i	a	n	p	i	n	g	MIDDLE NAME										
LAST NAME	Y	a	o																
MAILING ADDRESS																			
SUITE/APTS																			
CITY											STATE			ZIP					
PHONE # (AREA CODE FIRST)																			
EMAIL																			

## PLACE OF BUSINESS INFORMATION

Please check the appropriate box that applies to you

- ☐ I perform out call massage. Phone# \_\_\_\_\_
- ☒ I am NOT currently practicing massage, or anything relating to the license I have been granted by the Nevada State Board of Massage Therapists
- ☐ This is my place of business where I perform massage (Enter business information below, attach separate sheet if practicing at more than one location)

1, lost some job,  
 1 broken article at home  
 Thanks

BUSINESS NAME																		
BUSINESS ADDRESS																		
SUITE/APTS																		
BUSINESS PHONE # (AREA CODE FIRST)																		
CITY											STATE			ZIP				

Renewal form continued on the back of this page



# RENEWAL SCREENING QUESTIONS

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. Have you had any disciplinary proceedings instituted against you relating to your license to practice massage within the past 12 months? If yes, complete the following: Date of Revocation/suspension/annulment or any other disciplinary action: _____ Licensing Agency/Jurisdiction that took action: _____ Name and Address of Employer/Supervisor: _____ Reason for action: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Have you been arrested or convicted, within the 12 months immediately preceding submission of this renewal, of a felony or for any crime involving violence, prostitution or any other sexual offense? If yes, complete the following: Date of Charge/Offense: _____ Name and Address of Law Enforcement Agency: _____ Charge: _____ Disposition: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Have you had your records sealed within the past 12 months?

## CHILD SUPPORT INFORMATION

Mark the appropriate response (Failure to mark one of the three will result in denial of the renewal):

- ☒ 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.

SOCIAL  
SECURITY #

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Pursuant to NRS 640C.430 "An applicant for the issuance or renewal of a license as a massage therapist shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant."

## AFFIDAVIT OF RENEWAL

I, Jianping Yao, certify that I am the person described and identified in my license.

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my renewal are, to the best of my knowledge, accurate.

Signature of Applicant: Jianping Yao Date: 1-21-2013

Under NRS 640C.450 Display of License: Each licensee shall display his license in a conspicuous manner at each location where he practices massage therapy.

Check list of completion: Did you correct any changes in your name or address? ☒  
 Did you include your 12 C.E.H.s and any supporting documents? ☒ Did you include \$150.00 in the form of a cashier's check or money order? ☒ Did you include 1 current passport sized photo? ☒ Did you check the Child Support box correctly? ☒ Did you fill in your Social Security #, signed your name and date? ☒ Did you fill in your place of business information? ☒ Did you check the boxes in the screening questions? ☒ Did you sign and date your affidavit of renewal? ☒

If any of the above is missing, your incomplete renewal will be returned.

33561  
LIC. NVMT. 4537

NEVADA STATE BOARD  
OF  
MASSAGE THERAPISTS



This is to Certify that

JIAN PING YAO

HAS MET THE REQUIREMENTS SET FORTH UNDER THE RULES AND REGULATIONS OF THE BOARD IN THE PRINCIPLES AND PRACTICE OF A MASSAGE THERAPIST; THEREFORE, UNDER A PROVISION OF AN ACT TO REGULATE THE PRACTICE OF MASSAGE THERAPY, THE SAME BEING CHAPTER 640 C, NEVADA REVISED STATUTES, THE NEVADA STATE BOARD OF MASSAGE THERAPISTS HEREBY GRANTS THIS LICENSE AND CAUSES THE NAME TO BE ENTERED UPON THE RECORDS OF THE BOARD AS PRACTICE AS A

Massage Therapist

THIS LICENSE IS REVOCABLE FOR CAUSE AS SPECIFIED BY LAW. IN WITNESS WHEREOF, THE SIGNATURE OF THE CHAIRMAN AND THE OFFICIAL SEAL OF THE NEVADA STATE BOARD OF MASSAGE THERAPISTS ARE HEREBY AFFIXED GIVEN AT RENO (OR LAS VEGAS) NEVADA THE 15th DAY OF MAY, 2014

CHAIRMAN'S SIGNATURE



MASSAGE THERAPIST

Issue date: 03/01/14

License expires: 02/28/15

SEPARATE THE LICENSE ABOVE AND DETACH  
AND CARRY WITH BELOW.

FOR TAX RECORDS



NEVADA STATE BOARD  
OF  
MASSAGE THERAPISTS

1111 S. RENO (Info, Order 21)  
(702) 785-1800

NVMT. 4537 ISSUED THIS LICENSE TO

LICENSE NO.

JIAN PING YAO



MASSAGE THERAPIST

02/28/2015

RENEWAL DATE



NEVADA STATE BOARD  
OF  
MASSAGE THERAPISTS

1111 S. RENO (Info, Order 21)  
(702) 785-1800

License # NVMT. 4537

License Year 03/14 TO 02/15

Amount \$225.00

Exhibit 5



Email: [nvmasseboard@nvdhs.com](mailto:nvmasseboard@nvdhs.com)  
 Website: <http://massageboard.nv.gov>



Nevada State Board  
 of Massage Therapists

1755 E. Plumb Lane Suite 252  
 Reno, NV 89502  
 Phone (775) 887-9955  
 (702) 486-2212  
 Fax (775) 786-4284

JIAN PING YAO

Renewal Period for license #  
 NVMT.4537  
 March 1, 2014 -  
 February 28, 2015

Number of Roll  
 Over Hours  
 available to you

$\pm 12$   
 $12 - 12 = 0$  RO

### RENEWAL DIRECTIONS

This renewal application must be completed, signed and returned to the above address prior to the expiration date on your license (NRS 640C.600). Include a fee of \$150.00 in the form of a cashier's check or money order, and 1 current passport quality photo. Print in Blue or Black ink ONLY. Please attach a minimum of 12 Continuing Education Hours or have a minimum of 12 hours in Roll Over CEH's from the previous renewal period.

**Incomplete Applications will be returned.**

Any changes to your personal information must be made in the boxes below, and you **MUST** provide legal documentation if needed (ie. for name change you will need to provide a marriage certificate or divorce decree).

FIRST NAME	J	I	A	N	P	I	N	G	MIDDLE NAME										
LAST NAME	Y	A	O																
MAILING ADDRESS																			
SUITE/APTS																			
CITY															STATE		ZIP		
PHONE# (AREA CODE FIRST)																			
EMAIL																			

### STATE OF BUSINESS INFORMATION

Please check the appropriate box that applies to you.

- ☐ I perform outcall massage. Phone # \_\_\_\_\_
- ☒ I am NOT currently practicing massage, or anything relating to the license I have been granted by the Nevada State Board of Massage Therapists. *I did not work massage but I just want keep my license. Thanks!*
- ☐ This is my place of business where I perform massage (Enter business information below, attach separate sheet if practicing at more than one location) *Not work for massage now.*

BUSINESS NAME																			
BUSINESS ADDRESS																			
SUITE/APTS					BUSINESS PHONE# (AREA CODE FIRST)														
CITY															STATE		ZIP		

NSBMT

**Renewal form continued on the back of this page**

MAY 10 2014

Received

Exhibit 5

### RENEWAL SCREENING QUESTIONNAIRE

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. Have you had any disciplinary proceedings instituted against you relating to your license to practice massage within the past 12 months? If yes, complete the following: Date of Revocation/suspension/surrender / or any other disciplinary action: _____ Licensing Agency/jurisdiction that took action: _____ Name and Address of Employer/supervisor: _____ Reason for action: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Have you been arrested or convicted, within the 12 months immediately preceding submission of this renewal, of a felony or for any crime involving violence, prostitution or any other sexual offense? If yes, complete the following: Date of Charge/offense: _____ Name and Address of Law Enforcement Agency: _____ Charge: _____ Disposition: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Have you had your records sealed within the past 12 months?

### CHILD SUPPORT INFORMATION

Mark the appropriate response (failure to mark one of the three will result in denial of the renewal):

- ☒ 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.

SOCIAL  
SECURITY#

 - 
  - 
 

### NEVADA STATE CONTROLLER

PURSUANT TO NRS 622.240

- ☐ I **HAVE** a Nevada Business license number assigned by the Nevada Secretary of State. My State of Nevada Business license number is \_\_\_\_\_ (Note: Do not enter your NMVT license number here.)
- ☐ I **HAVE APPLIED** for a Nevada Business License with the Nevada Secretary of State upon Compliance with the provision of NRS Chapter 78 and my application is pending.
- ☒ I **DO NOT** have a Nevada Business license number.

The Nevada State Board of Massage Therapists is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://sos.nv.gov/>

### AFFIDAVIT OF RENEWAL PURSUANT TO NRS 640C.800

Franky Yao \_\_\_\_\_, certify that I am the person described and identified in this renewal.

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my renewal are, to the best of my knowledge, accurate.

Signature of Applicant:

Franky Yao

Date:

6-27-18

**If any of the above is missing, your incomplete renewal will be returned.**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



JAN 30 2015

NSBMT  
FEB 02 2015  
Received

Executive Director  
Nevada State Board of Massage Therapists  
1755 E. Plumb Lane, Suite 252  
Reno, NV 89502

Dear Executive Director:

RE: Jian Ping Yao

Licensed Massage Therapist

DOB:

SSN:

NPI: Unknown

License No.: 227.004788 – IL, NVMT.4537 – NV

Sanction Authority: 1128(b)(4)

Medicaid Provider No.: Unknown

OI File Number: H-14-4-2033-9

Medicare Provider No.: Unknown

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). These actions are effective 20 days from the date of this letter, and are the result of the subject's license being revoked by the Illinois Department of Financial and Professional Regulation.

Section 1128(e) of the Act requires that the appropriate licensing or certification authority be notified of such an exclusion, requested to make appropriate investigations and invoke sanctions in accordance with State law and policy, and asked to inform the Inspector General of this Department with respect to any actions taken in response to this request.

Accordingly, if you have not already done so, we request you to make appropriate investigations and invoke sanctions pursuant to applicable State law and policy. We also ask that you fully and currently inform us with respect to any action taken. The information to be supplied should be sent to the Special Agent in Charge, Office of Inspector General, Office of Investigations, 233 North Michigan Avenue, Suite 1330, Chicago, Illinois 60601. That office may be reached at (312) 353-2740.

Any questions you may have in this regard should be referred to that office.

Exclusions Director  
Office of Investigations

PEOPLE OF THE STATE OF ILLINOIS

VS

NUMBER 11200106701

JIAN

P YAO

## CERTIFIED STATEMENT OF CONVICTION / DISPOSITION

I, DOROTHY BROWN, Clerk of the Circuit Court of Cook County, Illinois, and keeper of the records and seal thereof do hereby certify that the electronic records of the Circuit Court of Cook County show that:

The States Attorney of Cook County/Local Prosecutor has filed a complaint with the Clerk of the Circuit Court.

Charging the above named defendant with:

720-5/11-14-A

M A

PROSTITUTION

The following disposition(s) was/were rendered before the Honorable Judge(s):

04/15/11 BOND SET BY RULE OF COURT	04/28/11 0274		
04/28/11 APPEARANCE FILED			
QUINN MARGUERITE ANNE			
04/28/11 CONTINUANCE BY AGREEMENT	06/01/11 0274		
QUINN MARGUERITE ANNE			
06/01/11 CONTINUANCE BY ORDER OF COURT	09/08/11 0274		
ORR MARCIA B.			
09/08/11 MOTION DEPT - CONTINUANCE - MD	10/13/11 0274		
QUINN MARGUERITE ANNE			
10/13/11 PLEA OF GUILTY	C001		
QUINN MARGUERITE ANNE			
10/13/11 JURY WAIVED			
QUINN MARGUERITE ANNE			
10/13/11 FINDING OF GUILTY	C001		
QUINN MARGUERITE ANNE			
10/13/11 DEFENDANT FINED	C001	\$	295
QUINN MARGUERITE ANNE			
10/13/11 SUPERVISION - COURT	C001 09/10/12 0274		
1 YRS			
QUINN MARGUERITE ANNE			
09/10/12 SUPERVISION TERM/DISCHARGED			
CHAMBERS, TIMOTHY J.			
09/18/12 PAYMENT RECEIVED - BOND DEDUCT	B001	0036978	\$ 135
D8535484			
09/19/12 PAYMENT RECEIVED - CASH		0037006	\$ 160

I hereby certify that the foregoing has been entered of record on the above captioned case.

Date 06/19/14



*Dorothy Brown*  
DOROTHY BROWN  
CLERK OF THE CIRCUIT COURT OF COOK COUNTY

Sentencing Order/Supervision - Conditional Discharge - Probation  
(This form replaces CCG N003, CCR N004, CCR N005B)

(3/06/07) CCR N000 A

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
PEOPLE OF THE STATE OF ILLINOIS

OR

A Municipal Corporation

v.

JIAN YAO

☐ Criminal Division ~~Substantive~~ District No. 2 St./Rm. 104Case No.: 11mc2001067Status to Creation: Prostitution

IR No. \_\_\_\_\_ SID No. \_\_\_\_\_

SENTENCING ORDER  
SUPERVISION - CONDITIONAL DISCHARGE - PROBATION

IT IS HEREBY ORDERED that the defendant is sentenced to a term of 1 ☒ Year(s) ☐ Month(s) ☐ Day(s)  
Supervision ☐ Conditional Discharge ☐ Probation (720 ILCS 550/10, 720 ILCS 570/410, or 720 ILCS 646/70) ☐ Probation  
☐ Informant (All DUI orders are reporting) ☐ Non-Reporting ☐ Learning Resources (Monitor community service or institution only)  
☒ Scheduled Termination Date 8/9/16 2016

IT IS FURTHER ORDERED that the defendant shall comply with the conditions as specified below

## STANDARD CONDITIONS

- ☒ If reporting is ordered, the defendant shall report immediately to:
- ☐ Social Service Department for conditional discharge/supervision/community service and pay that department such sum as determined by that department in accordance with the standard probation fee guide. Said fee not to exceed \$50.00 per month.
  - or
  - ☐ Adult Probation Department for probation/community service, comply with Adult Probation's rules and regulations and pay that department such sum as determined by that department in accordance with the standard probation fee guide. Said fee not to exceed \$50.00 per month.
- ☒ Pay all fines, costs, fees, assessments, reimbursements and restitution (if applicable)
- ☒ Not violate the criminal statute of any jurisdiction
- ☒ Refrain from possessing a firearm or other dangerous weapons
- ☒ Notify monitoring agency of change of address
- ☒ Not leave the State of Illinois without the consent of the court or monitoring agency
- ☒ Comply with reporting and treatment requirements as determined by the Adult Probation Department assessment. Any treatment requirements not specified elsewhere on this order that would cause a financial hardship shall be reviewed by the court before being imposed.

## DRUG/ALCOHOL RELATED CONDITIONS

- ☐ Complete drug/alcohol evaluation and treatment recommendation
- ☐ Submit to random drug testing
- ☐ Adult Probation Department Intensive Drug Program
- ☐ Complete TASC Treatment Program

## DUI RELATED CONDITIONS

- ☐ DUI Offenders Classified Level A, report immediately to Central State Institute of Addictions and commence the following intervention program within 60 days of this order:
  - ☐ Minimum ☐ Moderate ☐ Significant
- ☐ DUI Offenders Classified Level B or C, report immediately to:
  - ☐ The Social Service Department,
  - ☐ The Adult Probation Department
 and complete a Comprehensive Correctional Intervention Assessment within 30 days, fully comply with the Comprehensive Intervention Plan and commence the following intervention program within 60 days of this order:
  - ☐ Minimum ☐ Moderate ☐ Significant ☐ High
- ☐ Attend a Victim Impact Panel
- ☐ File proof of financial responsibility with the Secretary of State
- ☐ Surrender driver's license to the Clerk of the Court
- ☐ Pay all driver's license reinstatement fees

## SPECIAL CONDITIONS

- ☐ Obtain a GED
- ☐ Home Confinement \_\_\_\_\_ days
- ☐ Adult Probation Department Intensive Probation Supervision
- ☐ Perform \_\_\_\_\_ hours of a community service as directed by the:
  - ☐ Social Service Department Community Service Program
  - ☐ Sheriff's Work Alternative Program (773) 869-3686
  - ☐ Adult Probation Department
- ☐ Avoid contact with \_\_\_\_\_
- ☐ Complete mental health evaluation and treatment recommendations
- ☐ Adult Probation Department Mental Health Unit
- ☐ Adult Probation Department Gang Unit
- ☐ DNA Fingerprinting



**DOMESTIC VIOLENCE RELATED CONDITIONS**

- ☐ Comply with all lawful court orders including an Order of Protection
- ☐ Complete Domestic Violence Program:
- ☐ Defendants sentenced to Probation, as directed by Adult Probation
  - ☐ Defendants sentenced to Conditional Discharge or Supervision will complete domestic violence counseling and any other recommendations per the assessment of the Social Service Department, which may include an evaluation and/or treatment for alcohol and drug abuse, mental health, parenting, and sexual abuse.
- ☐ Modifications, which would impose a financial hardship shall be reviewed by the sentencing court before to ordered.

☐ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEX OFFENSES CONDITIONS**

- ☐ Complete evaluation and treatment recommendation for sex offenders
- ☐ Register as a sex offender
- ☐ STD/MTV Testing
- ☐ Adult Probation Department Sex Offender Program
- ☐ DNA Testing

**RESTITUTION**

- ☐ Make restitution to \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ payable through the  
Social Service Department or Adult Probation Department at the rate  
of \$ \_\_\_\_\_ per \_\_\_\_\_ with final payment due on or  
before \_\_\_\_\_.

I acknowledge receipt of this Order and agree to abide by the specified conditions. I agree to accept notice by regular mail at the address provided to the monitoring agency and to answer questions asked by the Court related to my behavior. I understand that a failure to comply with the conditions of this order, or refusal to participate, or withdrawal or discharge from a required program, plan, or testing will be considered a violation of this Order and will be reported to the Court and may result in a re-sentencing imposing the maximum penalty as provided for the offense.

(Defendant's Address)

(City/Town)

(State/Zip)

(Defendant's Date of Birth)

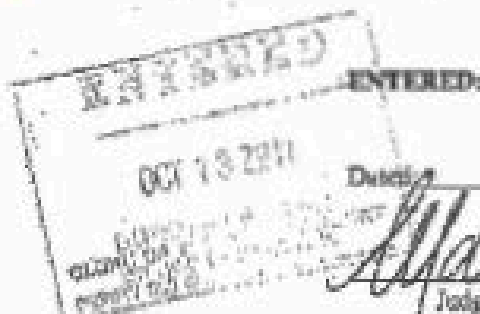
(Defendant's Telephone Number)

(Defendant's Signature)

Dated:

~~9/2~~ 10/13 2014

Prepared by

Dated:



Judge

Judge's No.

Note: Bold print specifications require additional written orders

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ORIGINAL - COURT FILE

EXHIBIT 2

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL )  
REGULATION of the State of Illinois, Complainant )

v. )

No. 2011-09419 )

Jian Ping Yao  
License Nos. 227.004788,  
and 011.267668

Respondent )

**COMPLAINT**

~~NOW COMES the Department of Financial and Professional Regulation of the State of Illinois~~  
by and through its Chief of Business Prosecutions, Mary Cay Marubio, and as its Complaint against Jian  
Ping Yao, states as follows:

**COUNT I**

1. Respondent, Jian Ping Yao (hereinafter referred to as "Respondent") is presently the holder of  
Massage Therapist License No. 227.004788 and Cosmetologist License No. 011.267668, in the  
~~State of Illinois, issued by the Department of Financial and Professional Regulation of the State~~  
of Illinois (hereinafter referred to as the "Department"). Respondent's licenses are currently in  
active status.
2. Respondent offers and provides, or in the past did offer massage therapy services and/or  
cosmetology services within the State of Illinois.
3. At all times herein relevant, the Department had the power and duty to investigate and discipline  
the conduct of license holders and to take all action herein sought pursuant to the Massage  
Licensing Act, 225 Illinois Compiled Statutes 57/1 *et seq.* and the Barber, Cosmetology,  
Esthetics, Hair Braiding, and Nail Technology Act 225 ILCS 410/1 *et seq.*
4. That the Department first received a complaint regarding the actions alleged herein on October  
20, 2011.

5. That Respondent pleaded guilty to one count of Class A misdemeanor prostitution in Evanston, IL, resulting in one year of probation and a fine, in case number 2011-2-008985.
6. That Respondent committed said act of prostitution within the scope of her employment at Two Carnation Spa, located at 1239 Chicago Avenue, Evanston, Illinois.
7. That the foregoing acts or omissions constitute that Respondent engaged in sexual misconduct related to Respondent's practice in violation of the Massage Licensing Act, 225 Illinois Compiled Statutes 57/45(a)(6).
8. The foregoing acts or omissions of Respondent are grounds for revocation, suspension or other discipline to a Certificate of Registration and for fines not to exceed \$10,000 per violation pursuant to 225 ILCS 57/45(a).

WHEREFORE, based on these allegations, the Department prays that the massage therapist license of Jian Ping Yao, Massage License No. 227.004788, be suspended, revoked, or otherwise disciplined and that a fine not exceeding \$10,000 per violation be imposed upon Respondent.

#### COUNT II

- ~~1-6. The Department realleges Paragraphs 1 through 6, inclusive, of Count I of this complaint as~~  
paragraphs 1 through 6, inclusive, of this count as if each were fully restated herein.
7. That the foregoing acts or omissions constitute that Respondent engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public.
  8. The foregoing acts or omissions of Respondent are grounds for revocation, suspension or other discipline with regard to any license including civil penalties not to exceed \$500.00 per violation pursuant to 225 ILCS 410/4-7 (1)(q).

WHEREFORE, based on these allegations, the Department prays that the cosmetologist license of Jian Ping Yao, Massage License No. 011. 267668, be suspended, revoked, or otherwise disciplined and that a fine not exceeding \$500.00 per violation be imposed upon Respondent.

COUNT III

- 1-6. The Department realleges Paragraphs 1 through 6, inclusive, of Count I of this complaint as paragraphs 1 through 6, inclusive, of this count as if each were fully restated herein.
7. That the foregoing acts or omissions constitute that Respondent engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public in violation of 225 ILCS 57/45(a)(7).
8. The foregoing acts or omissions of Respondent are grounds for revocation, suspension, or other discipline to a Certificate of Registration and for fines not to exceed \$10,000 per violation pursuant to 225 ILCS 57/45(a).

WHEREFORE, based on these allegations, the Department, by Dyahanne Ware, its Chief of General Prosecutions, prays that the massage therapist license of Jian Ping Yao, Massage License No. 227.004788, be suspended, revoked, or otherwise disciplined and that a fine not exceeding \$10,000 per violation be imposed upon Respondent.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL  
REGULATION

Chief of Business Prosecutions

Mary Cay Marubio  
Chief of Business Prosecutions  
Illinois Department of Financial and Professional Regulation  
Department of Professional Regulations – General Prosecutions Unit  
100 W. Randolph, Suite 9-300  
Chicago, IL 60601

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL  
REGULATION DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL )	)	
REGULATION of the State of Illinois, )	)	
Complainant )	)	
	)	No. 2011-09419
v )	)	
Jian Ping Yao )	)	
License No.227.004788 )	)	
Respondent )	)	

FINDINGS OF FACT, CONCLUSIONS OF  
LAW AND RECOMMENDATION TO THE  
DIRECTOR

Now comes the Massage Licensing Board of the Department of Financial and Professional Regulation of the State of Illinois and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director:

FINDINGS OF FACT

1. THAT Jian Ping Yao, Respondent, is a licensed massage therapist in the State of Illinois, having been issued a License No. 227.004788, by the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (the "Department"). Respondent's license is currently in non-renewed status, although it was active at the time the

~~Complaint was filed~~ THAT the Department filed a Complaint against the Respondent and sent notice of said Complaint to the Respondent by certified and regular mail on January 10, 2013 to Respondent's last known address in accordance with the Department's records.

3. THAT the Complaint alleged that the Respondent pleaded guilty to one count of prostitution, a Class A Misdemeanor, in Evanston, IL, resulting in one year of probation, and a fine, in case number 2011-2-008985.

4. THAT the Respondent failed to appear either in person or through counsel for a preliminary hearing on February 11, 2013 or for a status hearing on March 18, 2013.

5. THAT on February 11, 2013, the Administrative Law Judge ordered that Respondent file an Appearance and Answer to the Department's Complaint on or before March 11, 2013 or be subject to an order of default.

6. THAT the above date has now passed and no Answer or Appearance has been filed by or on behalf of the Respondent.

7. THAT on March 18, 2013, the Administrative Law Judge transferred this matter to the Massage Licensing Board for its deliberations based on the pleadings.

8. THAT the allegations set forth in the above described complaint are true and correct.

#### CONCLUSIONS OF LAW

1. THAT the Massage Licensing Board of the Department of Professional Regulation of the State of Illinois has jurisdiction over the subject matter and the parties in this case.

2. THAT the foregoing acts constitute engaging in sexual misconduct related to the Respondent's practice in violation of 225 ILCS 57/45(a) (6) .

character likely to deceive, defraud, or harm the public in violation of 225 ILCS 57/45(a)(7).

4. That the foregoing acts are also grounds for the issuance of a civil penalty in an amount not to exceed \$10,000.00 for each violation pursuant to 225 ILCS 57/165.

RECOMMENDATION

The Massage Licensing Board of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to Jay Stewart, the Director of the Department of Financial and Professional Regulation, Division of Professional Regulation, that the Certificate of Registration as a Massage Therapist, License No. 227004788, of Jian Ping Yao be revoked for a minimum of three (3) years and a fine of \$20,000.00 be imposed.

DATED THIS 29<sup>th</sup> DAY OF May, 2013.

\_\_\_\_\_  
CHAIRMAN

Julie Y. Maffei  
MEMBER

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MEMBER

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MEMBER

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MEMBER

License No. 227004788  
Case No. 2011-09419



likely to deceive, defraud, or harm the public in violation of 225 ILCS 57/45(a)(7).

4. That the foregoing acts are also grounds for the issuance of a civil penalty in an amount not to exceed \$10,000.00 for each violation pursuant to 225 ILCS 57/165.

RECOMMENDATION

The Massage Licensing Board of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to Jay Stewart, the Director of the Department of Financial and Professional Regulation, Division of Professional Regulation, that the Certificate of Registration as a Massage Therapist, License No. 227004788, of Jian Ping Yao be revoked for a minimum of three (3) years and a fine of \$20,000.00 be imposed.

DATED THIS 25 DAY OF \_\_\_\_\_, 2013.

\_\_\_\_\_  
CHAIRMAN

Jay Stewart  
MEMBER

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MEMBER

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MEMBER

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MEMBER

License No. 227004788 MEMBER  
Case No. 2011-09419

\_\_\_\_\_  
MEMBER

character likely to deceive, defraud, or harm the public in violation of 225 ILCS 57/45(a) (7).

4. That the foregoing acts are also grounds for the issuance of a civil penalty in an amount not to exceed \$10,000.00 for each violation pursuant to 225 ILCS 57/165.

RECOMMENDATION

The Massage Licensing Board of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to Jay Stewart, the Director of the Department of Financial and Professional Regulation, Division of Professional Regulation, that the Certificate of Registration as a Massage Therapist, License No. 227004788, of Jian Ping Yao be revoked for a minimum of three (3) years and a fine of \$20,000.00 be imposed.

DATED THIS 29<sup>th</sup> DAY OF May, 2013.

\_\_\_\_\_  
CHAIRMAN

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License No. 227004788  
Case No. 2011-09419

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MEMBER

Karen Hayden 5-29-13

character likely to deceive, defraud, or harm the public in violation of 225 ILCS 57/45(a) (7) .

4. That the foregoing acts are also grounds for the issuance of a civil penalty in an amount not to exceed \$10,000.00 for each violation pursuant to 225 ILCS 57/165.

RECOMMENDATION

The Massage Licensing Board of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to Jay Stewart, the Director of the Department of Financial and Professional Regulation, Division of Professional Regulation, that the Certificate of Registration as a Massage Therapist, License No. 227004788, of Jian Ping Yao be revoked for a minimum of three (3) years and a fine of \$20,000.00 be imposed.

DATED THIS \_\_\_\_\_

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CHAIRMAN

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MEMBER

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License No. 227004788  
Case No. 2011-09419

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MEMBER

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MEMBER

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND	)	
PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	
v.	)	No. 2011-09419
Jian Ping Yao,	)	
License No. 227.004788,	)	
Complainant.		
Respondent.		

ORDER

This matter having come before me on the Findings of Fact, Conclusions of Law and Recommendation to the Director issued by the Massage Licensing Board and approved by said Board on May 30, 2013, all due and proper notice having been served, Respondent having failed to file any Motion for Rehearing, and being duly advised in the premises.

NOW, THEREFORE, I, JAY STEWART, THE DIRECTOR OF THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, hereby adopt the Findings of Fact and Conclusions of Law of the Massage Licensing Board.

FURTHERMORE, I, JAY STEWART, THE DIRECTOR OF THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, hereby adopt the Recommendation of the Massage Licensing Board.

WHEREFORE, it is hereby ordered, as follows:

1. Respondent's Certificate of Registration, License No. 227.004788, shall be and is **REVOKED** for a minimum of three (3) years.
2. Respondent shall immediately surrender all Certificates of Registration and

other indicia of licensure to the Department and upon Respondent's failure to do so, the Department shall seize same.

3. Additionally, Respondent shall be and is fined twenty thousand dollars (\$20,000). The \$20,000 fine is due within sixty (60) days of the effective date of this order.

DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the State of  
Illinois;  
Manuel Flores, Acting Secretary  
DIVISION OF PROFESSIONAL REGULATION



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JAY STEWART  
Director of Professional Regulation

REF: License No. 227.004788  
Case No. 2011-09419

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**BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPISTS**

In the Matter of:

Case No. NVMT-C-1474

**JIAN PING YAO,**

**COMPLAINT AND  
NOTICE OF HEARING**

Licensed Massage Therapist,  
License No. 4537,

Respondent.

The Nevada State Board of Massage Therapists (Board), by and through its counsel, Catherine Cortez Masto, Attorney General of the State of Nevada, and Keith D. Marcher, Chief Deputy Attorney General, hereby notifies Respondent, Jian Ping Yao, of an administrative hearing, which is to be held pursuant to Chapters 233B, 622, 622A and 640C of the Nevada Revised Statutes. 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, Jian Ping Yao is currently and at the 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:**

I.

On or about May 29, 2013, the State of Illinois revoked Respondent's license to practice massage therapy in that state for a period of three years based on a criminal conviction related to prostitution.

II.

Respondent failed to disclose her arrest and/or conviction and/or the discipline imposed by the State of Illinois to the Board when she twice renewed her license in the State of Nevada.



1 III.

2 The foregoing conduct constitutes grounds for disciplinary action pursuant to  
3 NRS 640C.700(1), has submitted false fraudulent or misleading information to the Board . . .  
4 and/or NRS 640C.700(3), has been convicted of a crime involving violence, prostitution or any  
5 other sexual offense . . . within the immediately preceding 10 years and/or NRS 640C700(9),  
6 has in the judgment of the Board, engaged in unethical or unprofessional conduct as it relates  
7 to the practice of massage therapy.

8 Based on the foregoing:

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

12 THE HEARING WILL TAKE PLACE on Friday, February 6, 2015, commencing  
13 at 9:00 A.M., or as soon thereafter as the Board is able to hear the matter at the  
14 Grant Sawyer Building, 555 East Washington Avenue, Room No. 4500, Las Vegas  
15 Nevada 89101. The meeting will be videoconferenced to the Office of the Attorney General in  
16 Carson City, Nevada. This case and other matters are scheduled to be heard by the Board.

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

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

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

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

1 The purpose of the hearing is to determine if the Respondent has violated  
2 NRS 640C.700(1) and/or (3), and/or (9) and if the allegations contained herein are  
3 substantially proven by the evidence presented to further determine what administrative  
4 penalty is to be assessed against the Respondent, if any, pursuant to NRS 640C.710.

5 Should the Respondent fail to appear at the hearing, a decision may still be reached by  
6 the Board. As the Respondent, you are further advised that you may be charged with cost  
7 associated with the hearing pursuant to NRS 622.400.

8 Pursuant to NRS 233B.121(5), informal disposition of this case may be made by  
9 stipulation, agreed settlement, consent order, or default. Any attempt to negotiate this case  
10 should be made through Keith D. Marcher, Chief Deputy Attorney General.

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

Dated this 23<sup>rd</sup> day of December, 2014.

17 CATHERINE CORTEZ MASTO  
18 Attorney General  
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**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Office of the Attorney General, State of Nevada, and that on this 23rd day of December, 2014, I deposited for mailing at Carson City 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:

JIANPING YAO  
4839 Pearlman Lane  
Las Vegas, Nevada 89147

Certf. No.: 7003 180 0001 3687 7968

  
An Employee of the  
Office of the Attorney General

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**BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPISTS**

In the Matter of:

Jian Ping Yao,

Licensed Massage Therapist  
License No. 4537,

Respondent.

Case No. NVMT – C- 1474

**FINDINGS OF FACT  
CONCLUSIONS OF LAW  
AND ORDER**

IT APPEARING on the 6<sup>th</sup> day of February, 2015, a hearing was held in the above matter by the Nevada State Board of Massage Therapists (Board), at the Grant Sawyer Building, 555 East Washington, Las Vegas, Nevada 89101, at 9:00 a.m., or as soon thereafter as possible, in compliance with the provisions of Chapter 640C, 233B, 622 and 622A of the Nevada Revised Statutes (NRS). The Respondent Jian Ping Yao, appeared and at all times herein represented herself.

IT FURTHER APPEARING to the satisfaction of the Board that at least 21 working days prior to the date of the hearing Respondent had been noticed of the said hearing by certified mail to Respondent's last known residential address, and that it had jurisdiction over the matter, the Board proceeded to make a determination.

The Board having duly considered the testimony and exhibits and having fully considered the law, and being fully advised herein, make the following Findings of Fact, Conclusion of Law and Order:

FINDINGS OF FACT

I.

On approximately October 13, 2011, Respondent plead guilty to a criminal count of prostitution in the Circuit Court of Cook County, Illinois. Respondent was licensed by the State of Illinois as a massage therapist when she entered her guilty plea.

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II.

On or about May 29, 2013, the State of Illinois revoked her license to practice as a massage therapist for a period of three years and fined her In the amount of \$20,000.00 based on the prostitution conviction.

III.

Respondent renewed her Nevada massage therapist license in both 2013 and 2014 and failed to disclose any arrest, criminal conviction, and/or disciplinary action that was either pending and/or instituted by the State of Illinois.

CONCLUSIONS OF LAW

1. Pursuant to NRS 640C.710, the Board may take disciplinary action against the Respondent's license to practice as a massage therapist in Nevada based upon proof of a violation of NRS 640C.700.

2. Based on the evidence presented at the hearing, Respondent was found to have violated NRS 640C.700(1) . . . "Has submitted false, fraudulent or misleading information to the Board."

3. Based on the evidence presented at the hearing, Respondent was also found to have violated NRS 640C.700(3) . . . "Has been convicted of a crime involving violence, prostitution or any other sexual offense . . . within the immediately 10 years.

4. Based on the evidence presented at the hearing, Respondent was found to have violated NRS 640C. 700(9) . . . Respondent has, in the judgment of the Board, engaged in unethical or unprofessional conduct as it relates to the practice of massage therapy.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that, pursuant to NRS 640C.710(1)(d), Respondent's Nevada Massage Therapist License No. 4537 is revoked. Respondent may not apply for reinstatement of her license for a period of three (3) years.

///

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1 IT IS FURTHER ORDERED that, pursuant to NRS 622.400 and/or 640C.710(1)(f),  
2 Respondent shall pay the investigative and hearing costs to the Board in the amount of  
3 Seven Hundred and Fifty (\$750) dollars. The costs are due and payable within ninety (90)  
4 days from the effective date of this order.

5 IT IS FURTHER ORDERED that the discipline become part of Respondent's  
6 permanent record and be reported to all appropriate agencies.

7 The ruling of the Board contained in these Findings of Fact, Conclusions of Law, and  
8 Order shall take effect upon service to the Respondent or when the Board receives a return  
9 from the United States Postal Service indicating the Respondent refused service or could not  
10 be located. If no return is received by the Board, the Order shall become effective 30 days  
11 from the date of the order.

12 Dated this 24<sup>th</sup> day of February, 2015.

NEVADA STATE BOARD OF MASSAGE THERAPISTS

14 By:

  
KATHLEEN PILGREEN  
Board President

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**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Office of the Attorney General, State of Nevada, and that on this 25<sup>th</sup> day of February, 2015, I deposited a true and correct copy in the U.S. Mail, certified with return receipt and postage prepaid, at Carson City, Nevada, of the foregoing **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**, addressed as follows:

Jian Ping Yao  
4839 Pearlman Lane  
Las Vegas, Nevada 89147

Certif. No. 7003 1680 0001 3687  
7999

*Shirley M. Gles*  
An Employee of the  
Office of the Attorney General

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d. Jian Ping Yao – present

Keith Marcher, Chief Deputy Attorney General – This is a Formal Hearing involving Ms. Yao. Her license number is NVMT.4537 and this is case number NVMT-C-1474. The complaint in this case alleges that in May of 2013 the state of Illinois revoked Ms. Yao's license to practice as a Massage Therapist for three years due to a prostitution conviction. The respondent then failed to disclose any of that information to the Nevada Board during the two renewal periods that followed. If that is proven to be true by the evidence presented, then it is a violation under NRS 640C.700 (1) and/or (3) and/or (9) and is grounds for disciplinary action against Ms. Yao under NRS 640C.710.

Jian Ping Yao, Defendant – I don't understand why this happened in another state. We didn't do anything. There was a guy who was a doctor and we had his car towed. When I moved to this state I didn't work because I broke my ankle. I got a job in a casino as a dealer. I'm not good at reading English.

Keith Marcher, Chief Deputy Attorney General – Lisa, did you give Ms. Yao a copy of the Exhibits?

Lisa Cooper, Executive Director – Yes, I did.

Keith Marcher, Chief Deputy Attorney General - Ms. Yao, before I describe what those Exhibits are and move for their admission, do you have any objection to any of these Exhibits?

Jian Ping Yao, Defendant – I don't have any problems with any case or anything.

Keith Marcher, Chief Deputy Attorney General – Exhibit One is the Complaint and Notice of Hearing. Exhibit Two is a certified copy of the conviction from the state of Illinois. Exhibit Three is the Complaint and subsequent Order from the state of Illinois that revoked Respondent's License. Exhibit Four is Ms. Yao's 2013 renewal application and Exhibit Five is Ms. Yao's 2014 renewal application.

Louis Ling, Board Council – Swears in Lisa Cooper and Jian Ping Yao.

Keith Marcher, Chief Deputy Attorney General – Ms. Cooper, could you state your name for the record?

Lisa Cooper, Executive Director – Lisa Cooper.

Keith Marcher, Chief Deputy Attorney General – And you are employed by the Nevada Board of Massage Therapy?

Lisa Cooper, Executive Director – Yes, I am the Executive Director.

Keith Marcher, Chief Deputy Attorney General – As part of your duties as the Executive Director, did you obtain and review the Exhibits in this case?

Lisa Cooper, Executive Director – Yes I did.

Keith Marcher, Chief Deputy Attorney General – With regard to Exhibit Two, can you indicate to the Board when Ms. Yao was convicted of prostitution in the state of Illinois?

Lisa Cooper, Executive Director – October 13, 2011.

Keith Marcher, Chief Deputy Attorney General – Now turn your attention to Exhibit Three which is the Illinois Complaint, Findings, Recommendations and Order. When was the complaint filed against Ms. Yao?

Lisa Cooper, Executive Director – January 10, 2013.

Keith Marcher, Chief Deputy Attorney General – What was the outcome of the Order?

Lisa Cooper, Executive Director – It revoked her license for three years.

Keith Marcher, Chief Deputy Attorney General – What is the date of that Order?

Lisa Cooper, Executive Director – September 2013.

Keith Marcher, Chief Deputy Attorney General – Now, if you will turn your attention to Exhibit Four, what is the date the Board received Ms. Yao's Nevada renewal application in 2013?

Lisa Cooper, Executive Director: January 24, 2013.

Keith Marcher, Chief Deputy Attorney General – With regard to Exhibit Five, what is the date the Board received that renewal for 2014?

Lisa Cooper, Executive Director - May 10, 2014.

Keith Marcher, Chief Deputy Attorney General – Please refer to Exhibit Four and look at the top of page two and read the question that is asked on the renewal application.

Lisa Cooper, Executive Director – Have disciplinary proceedings been instituted against you relating to your license to practice massage within the past 12 months?

Keith Marcher, Chief Deputy Attorney General – And how did Ms. Yao answer that question?

Lisa Cooper, Executive Director – No.

Keith Marcher, Chief Deputy Attorney General – Could you go ahead and read the second question on the renewal application?

Lisa Cooper, Executive Director - Have you been arrested or convicted, within the 12 months immediately preceding submission of this renewal, of a felony or for any crime involving violence, prostitution or any other sexual offense?

Keith Marcher, Chief Deputy Attorney General – And how did Ms. Yao answer that question?

Lisa Cooper, Executive Director – No.

Keith Marcher, Chief Deputy Attorney General -- Did she at any time disclose any arrests or disciplinary proceedings by the state of Illinois?

Lisa Cooper, Executive Director – No, she did not.

Keith Marcher, Chief Deputy Attorney General – How did you find out about the conviction and the action that Illinois took?

Lisa Cooper, Executive Director – We were contacted in September by the Illinois Professional Regulation Board and asked if we were interested in the revocation of her license and we said, of course.

Keith Marcher, Chief Deputy Attorney General – Do you consider her lack of accurate answers on the renewal application to be a truthful and complete application or a fraudulent application?

Lisa Cooper, Executive Director – A fraudulent application.

Keith Marcher, Chief Deputy Attorney General – And why do you consider that to be a fraudulent application?

Lisa Cooper, Executive Director - Because she did not disclose the issues she was having in another state with her licensure.

Jian Ping Yao – I made a mistake and I understand this is a different state, but can I have an opportunity to renew my license?

Lisa Cooper, Executive Director - Your license will expire at the end of this month. We will have to wait to see what the Board decides before I can answer that question.

Robin Graber, Board Member – Why did you lie on your application?

Jian Ping Yao – I never lied. The renewal form didn't say it was asking about the whole country so I thought it was only asking about Nevada. I am not lying. I have filed for an expungement on 2/5/2015.

April Whiting, Vice Chairperson – But you did plead guilty to that case in Illinois.

Jian Ping Yao - I know because they said it would cost a lot of money.

Kathleen Pilgreen, Board Chairperson – Ms. Yao has provided us with a Notice to Expunge and Impound she would like entered as Exhibit A.

Keith Marcher, Chief Deputy Attorney General – I don't have any objections.

Robin Graber, Board Member – Did you pay the \$20,000 fine that was imposed on September 20, 2014?

Jian Ping Yao – No. It's not me and I never paid it.

Kathleen Pilgreen, Board Chairperson - The fine is listed in Exhibit Three and it is in the Findings of Fact.

Michael Smith, Board Member – Why did you get arrested for prostitution?

Jian Ping Yao – The man was a doctor and he was parking where our customers park. We put a note on the window and he still parked there so we towed the car. Then he came to get a half hour massage and a table shower. He put \$20.00 in my hand for a tip then the police came and took us to the Police Station. We didn't do anything wrong.

Keith Marcher, Chief Deputy Attorney General – This is a simple case. She was arrested in Illinois for prostitution and has had her license revoked there for three years. She has had multiple opportunities to disclose the arrest, which she is required to do and she didn't. It is clear that she has violated your statutes. You will need to decide whether or not she is guilty and if she is found guilty then you will need to decide what discipline is appropriate.

Jian Ping Yao – I have never been in trouble. I have not even had a parking ticket. You said I owe money to Illinois, but that's not me.

**Motion:** Robin Graber made a motion to find Ms. Yao guilty of NRS 640C.700 (1), (3) and (9).

**Second:** Michael Smith

**Motion Carries Unanimously**

**Motion:** Diane Huleva made a motion to revoke Ms. Yao's license for three years.

**Second:** Michael Smith

**Motion Carries Unanimously**

**Motion:** April Whiting made a motion to charge Ms. Yao an administrative fee of \$750 with 90 days to pay.

**Second:** Robin Graber

**Motion Carries Unanimously**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Contact**

## Contact Information

Name	City/State/Zip	DBA
JIAN PING YAO	Chicago, IL 60645	

**License**

## License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227004788	Licensed Massage Therapist	REVOKED	08/25/2005	11/01/2010	12/31/2012	Y

**Other Licenses**

## Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
011267668	LICENSED COSMETOLOGIST	NOT RENEWED	08/24/2004	08/29/2013	09/30/2015	N

**Disciplinary Actions**

Click here (<https://www.idfpr.com/licenselookup/discipline.asp>) for definitions of the different types of disciplinary actions the Department may impose.

The Reason For Action from this Lookup dates back to January 1, 1990. Any actions and/or Reason For Action taken against a license prior to 1990 may not be displayed. Note that the Reason For Action is extracted from the Monthly Disciplinary Report. Therefore, the text in this column may not begin appearing until the report for the month/year the discipline was issued has been compiled.

Please Note: Reason for disciplinary actions which occurred for Real Estate professions prior to February 1, 2008 will not be listed here. Please contact the department for information regarding past Real Estate disciplines.

Case Number	License Number	Action	Discipline Start Date	Discipline End Date	Reason for Action
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Case Number	License Number	Action	Discipline Start Date	Discipline End Date	Reason for Action
2011009419	227004788	Fine	09/20/2013		for conviction of prostitution.
2011009419	227004788	Revocation	09/20/2013		for conviction of prostitution.

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# NEVADA STATE BOARD OF MASSAGE THERAPY

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6f

## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Ana R. Alvarado-Medina

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

### BACKGROUND INFORMATION:

Ms. Alvarado-Medina's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Alvarado-Medina was arrested on August 5, 2015 by Las Vegas Metro Police Department for Battery/Domestic Violence. Ms. Alvarado-Medina is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to approve a probationary license for two (2) years with restrictions.

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C.\_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Ana R. Alvarado-Medina arrests/charges:

08/05/2015 – Domestic Battery – LVMPD – Plea of guilty disturbing the peace (Breach of peace). Court stipulated no further violations, attend Impulse control program. Bail/fines were waived it successful completion. Case closed on 12/19/2016 when items were completed.

Statement from Officer Calleja with LVMPD – on 8/5/2015 at 0310 officers were dispatched in reference to a domestic disturbance. Upon arrival I made contact with a male wearing blue shorts. Male indicated he and his wife have been together for over 20 years and they have recently been sleeping in separate rooms as he has suspected his wife has been cheating on him. So, tonight, he checked her phone and found that she has been meeting up with another man. He checked the GPS on her car and confirmed this. So, when his wife got home, he confronted her regarding the allegations. Male told his wife they were getting a separation and he walked away from his wife towards his bedroom. She became enraged and followed him with a metal pole she took from a floor duster. Male victim said that she started swinging at him and hit him once on the face and several times on his arms. There was a red mark under males left eye. There was also a slight red mark on his left outer forearm as if he was hit on the arm when it was covering his face. Male victim said his wife was acting crazy, so he ran out the front door leaving this phone, keys and the remainder of his clothing behind. He walked to the nearest convenience store to call police.

Initially Ms. Alvarado said that she was at home when her husband caught her talking on her phone. She said that he started shouting obscenities at her and they both started pushing each other. When I told her what male victim said, her story changed. She then said that male victim caught her talking to another man. He called her names and was “verbally” abusive. But he eventually walked away. She said she followed him to his bedroom to talk. But, when he wouldn’t talk, she hit him. At some time, she said she picked up a pole to hit him. But she said it was because he hit her in the stomach.

Ms. Alvarado had no evidence of injury. And, since she was still at home, she could have called for police after male ran out the door.

Since male had fled his home post haste, and since he had red marks on his arm and face, it would follow that he had been hit by his wife as he had suggested. And, since Ms. Alvarado said she followed him into his room to argue, but ended up hitting him in anger, she should be considered the primary aggressor.

Ms. Alvarado was placed in custody for battery domestic violence and transported.

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL191219110102

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEx, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

### Applicant Name

**Last Name :** ALVARADO MEDINA  
**First Name :** ANA  
**Middle Name :** R.



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

No record found.

**Mailing address :**

**Street :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Date of Birth :**

**Place of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☐ Home ☐ Mailing ☒ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**

notifications)

☒ Yes ☐ No

## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

☒ Check here if you have never been licensed in any state jurisdiction.

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

## Section 4 : Training and Education

### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
European Massage Therapy School	Las Vegas	2019 - 2020	610

### Transcript(s)

Document Name	User Defined Document Name	Document Link
OL191219110102-117121-Transcript.pdf	EUROPEAN-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
Mblex	LAS VEGAS, NEVADA	01/18/2020

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
OL191219110102-117122-ScoreReportCard.jpg	MBLEX	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of that person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** ALVARADO MEDINA

**First Name :** ANA

**Middle Name :** ROSA

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 1/19/2020

**Submitting Agency :** Nevada State Board of Massage Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☒ Army/Army Reserve
- ☒ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☒ Air Force/Air Force Reserve
- ☒ Coast Guard/Coast Guard Reserve
- ☒ National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **ANA ROSA ALVARADO MEDINA** certify that I am the person described and identified in this application; I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.  
I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.



I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : ANA ROSA ALVARADO MEDINA

Date : 1/21/2020

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Score Report Card	OL191219110102-117122-ScoreReportCard.jpg	MBLEX	
Transcript	OL191219110102-117121-Transcript.pdf	EUROPEAN-TRANSCP	
Certificate of Completion	OL191219110102-117120-Certificate-of-Completion.pdf	EUROPEAN-DIPL	
LiveScan	Live-Scan-Voucher-OL191219110102.pdf	Live-Scan-Voucher-OL191219110102	
Photo	191219110102-05758463-E240-4494-8587-56DF29062A7E.jpeg		
Social Security Card	OL191219104601-116539-Social-Security-Card.png		
Government Issued ID Card	OL191219104601-116538-Government-Issued-ID-Card.png		

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:

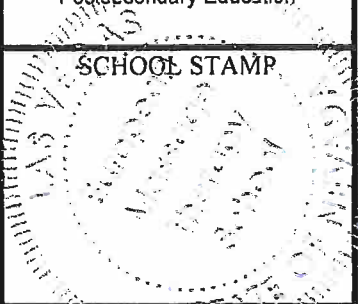


**EUROPEAN MASSAGE THERAPY SCHOOL, Inc.**  
9440 W SAHARA AVENUE, SUITE 250  
LAS VEGAS, NV 89117

**OFFICIAL TRANSCRIPT**

Credential: Diploma  
OFFICE OF THE REGISTRAR

NAME: Ana Rosa Alvarado Medina SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
DATES OF ATTENDANCE: \_\_\_\_\_ GRADUATION DATE: 1-16-20

COURSE NUMBER	COURSE TITLE	HOURS	GRADE	GRADING SYSTEM		
				Grade	Description	G.P.A.
BUS 111	Ethics and Business Practices	40	B	A	Excellent	4.0
SCI 101	Anatomy and Physiology I	32	B	B	Good	3.0
SCI 102	Anatomy and Physiology II	56	C	C	Average	2.0
SCI 103	Anatomy and Physiology III	32	B	D	Unsatisfactory	1.0
MAS 101	Swedish Massage I	68	A	F	Failure	0.0
MAS 102	Swedish Massage II	52	A	P	Pass	
MAS 121	Chair Massage	20	A	I	Incomplete	
MAS 106	Clinical Practice I*	28	P	W	Withdrawal	
MAS 115	BMT and Therapeutic Massage	24	A	TC	Transfer Credit	
SCI 104	Kinesiology	28	B	European Massage Therapy School is accredited by Accrediting Bureau of Health Education Schools (ABHES) and approved by Nevada Commission on Postsecondary Education		
SCI 105	Pathology	40	B			
MAS 122	PNF Stretching	24	A			
MAS 125	Introduction to Affiliated Therapies*	76	P			
MAS 107	Clinical Practices II*	66	P			
MAS 131	Oriental Massage Techniques*	12	P	<div>SCHOOL STAMP</div> 		
NEC 101	National Exam Preparation*	12	P			
Program Total		610	GPA: 3.18			
Final Written Test:	A	Final Practical Test:	A			

Date: 1/16/20

Director: 

THIS TRANSCRIPT IS OFFICIAL ONLY IF SIGNED AND EMBOSSED WITH THE SCHOOL SEAL  
Student in Good Academic Standing unless indicated otherwise

\*Pass/Fail Courses





# European Massage Therapy School



*This Certifies That*

**Ana Rosa Alvarado Medina**

*has successfully completed the Course of Study prescribed in  
Massage Therapy (610 hours)*

*and is awarded this*

**Diploma**

# **ESMT2016971619**

*Given in Las Vegas, Nevada on this 16th day of January 2020*

Director

Manager



**NSBMT**

JAN 21 2020 S

**RECEIVED**





# FSMTB

FEDERATION OF STATE  
MASSAGE THERAPY BOARDS

## MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEx scores received on: 01-19-2020

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Alvarado Medina	Ana			01-18-2020	1	Pass	Spanish	European Massage Therapy School

NSBMT

JAN 21 2020

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>

February 5, 2020

Ana R. Alvarado-Medina

Re: DISPOSITION OF RECORD

Dear Ms. Alvarado-Medina,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

- 1.e A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s).e
- 2.e Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). Online e printouts cannot be accepted.e
- 3.e Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. Online printouts cannot be accepted.e
- 4.e You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.e

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **07/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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



**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 28, 2020

Ana R. Alvarado-Medina

Re: DISPOSITION OF RECORD

Dear Ms. Alvarado-Medina,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

- 1.e Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
- 2.e You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.e

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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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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

**From: Ana R. Alvarado-Medina**

**February 27, 2020**

**To: Tereza Van Horn  
Executive Assistant  
Nevada State Board of Massage Therapy**

**Re: your letter of Feb 5, 2020 (Disposition of Record)**

That incident was due, that that day I had a verbal discussion with my husband about a misunderstanding, due to the tone of the discussion a neighbor called the police and they arrested me, but it was only an argument where there were no physical contact but I accepted my error and the judge condemned me only for disturbance of the Peace, I payed all the economic and disciplinary fines that the Judge indicated to me as it can be seen in the disposition of court that annexes it.

**I appreciate your attention.  
And Best Regards**

**Ana R. Alvarado-Medina**

From: Ana R. Alvarado-Medina

March 16, 2020

To: Tereza Van Horn  
Executive Assistant  
Nevada State Board of Massage Therapy

Re: your letter of Feb 28, 2020

Find Receipt attached, and disposition CERTIFIED of Record of Case C1140663A  
In Disposition is showed Case is Closed and all fines and Penalties has been paid.

I hope this fulfill all the requirements to get my License of Massage Therapy and I finally start working as soon as possible.

I will Appreciate to Help to this Matter.

B Regards

Ana Rosa Alvarado-Medina

*Ana Rosa Alvarado*







Las Vegas Municipal Court  
Regional Justice Center  
200 Lewis Avenue P.O. Box 3920  
Las Vegas, Nevada 89127  
38-COURT (702-382-6878)



THE CITY OF LAS VEGAS.

Plaintiff,

vs.

ALVARADOMEDINA, ANA ROSA

Defendant

Violation Code: 5018  
Violation Description: BATTERY/DOMESTIC VIOLENCE  
Violation Date: 8/5/2015  
Case No.: C1140663A  
History No.: 100288813  
Amended Code: 5301  
Amended Description: DISTURBING THE PEACE

**JUDGMENT**

Complaint: 9/1/2015

Disposition: **GUILTY**

Finding:

Disposition Date: 12/19/2016

Date	Proceedings	Purpose	Court Date/Time	Dept
8/5/2015	Arrest/Case Created			
8/5/2015	Allocated to Department: 3			
8/5/2015	Bail Due: \$3115			
8/5/2015	Initial Court Date	PC	8/6/15 12:00 pm	3
8/5/2015	Bail Review Complete			
8/5/2015	Continued	AR	9/8/15 1:00 pm	3
8/5/2015	Paid \$3115 (15-LEST 4-003122)			
8/5/2015	Bail Paid \$3115 (3rd Party) BELTRAN-MARTINEZ, ANGELICA PATRICIA			
9/1/2015	Complaint Filed 9/1/2015 3:33 PM			
9/8/2015	Plea: NOT GUILTY			
9/8/2015	Continued	PT	10/8/15 8:00 am	3
9/8/2015	Public Attorney GREGORY, JULIAN R Bar# 11978			
9/8/2015	Tape Start 1: 9/8/2015 1:35 PM			
9/14/2015	Bail Refund Ordered: \$1875			
9/24/2015	Bail Refund Transmitted \$1875 (1R15-025589)			
9/25/2015	Bail Refund Processed - Check # 510003150 Date: 09/24/2015			
10/8/2015	Continued	T	12/17/15 10:00 am	3
10/8/2015	Tape Start 1: 10/8/2015 8:49 AM			
12/17/2015	BW Ordered			
12/17/2015	WPF Due \$85			
12/17/2015	Bail Due: \$3115			
12/17/2015	Multiple Calendared Event Set	BH	6/14/16 8:15 am	3
12/17/2015	BW Issued			
12/17/2015	BW Cancelled: Issued in Error			
12/17/2015	WPF\$85 Removed			
12/17/2015	Multiple calendared event for 6/14/2016 8:15 AM removed			
12/17/2015	Reason for removing multiple calendared event: Forfeiture Process Canceled			
12/17/2015	Withdraw Attorney GREGORY, JULIAN R Bar# 11978			
12/17/2015	Private Attorney DE CASTROVERDE, ORLANDO Bar# 7320			





Las Vegas Municipal Court  
Regional Justice Center  
200 Lewis Avenue P.O. Box 3920  
Las Vegas, Nevada 89127  
38-COURT (702-382-6878)



THE CITY OF LAS VEGAS.

Plaintiff,

vs.

ALVARADOMEDINA, ANA ROSA

Defendant

Violation Code: 5018  
Violation Description: BATTERY/DOMESTIC VIOLENCE  
Violation Date: 8/5/2015  
Case No.: C1140663A  
History No.: 100288813  
Amended Code: 5301  
Amended Description: DISTURBING THE PEACE

**JUDGMENT**

Complaint: 9/1/2015

Disposition: **GUILTY**

Finding:

Disposition Date: 12/19/2016

Date	Proceedings	Purpose	Court Date/Time	Dept
12/17/2015	Withdraw Plea of: NOT GUILTY			
12/17/2015	Plea: SUBMIT			
12/17/2015	Finding: GUILTY			
12/17/2015	Suspend Sentence for 1y			
12/17/2015	Amend Charge Upon Completion to 5301			
12/17/2015	Sentence: Stay Out of Trouble-BROAD due 1			
12/17/2015	Sentence: Suspend JAIL 90 days			
12/17/2015	Sentence: Bail/Forfeit/Amend (460) due 1			
12/17/2015	Sentence: Extended Impulse Control Program - General due 1			
12/17/2015	Imposed Bail Due: \$460			
12/17/2015	Continued	SC	9/19/16 8:30 am	3
12/17/2015	Bail Refund Ordered: \$390			
12/17/2015	Bail Applied: \$390 (IR15-033183)			
12/17/2015	Tape Start 1: 12/17/2015 10:22 AM			
12/23/2015	Bail Refund Transmitted \$390 (IR15-033545)			
12/24/2015	Bail Refund Processed - Check # 510003244 Date: 12/23/2015			
3/31/2016	Extended Impulse Control Program - General Completed			
3/31/2016	ASED Case CLOSED on 3/31/2016 3:00 PM			
9/19/2016	Bail Forfeited \$460 (IR16-054915)			
9/19/2016	Sentence: Stay Out of Trouble-BROAD completed 1			
9/19/2016	Sentence: Bail/Forfeit/Amend (460) completed 1			
9/19/2016	Charge Amended to: 5301			
9/19/2016	Case Closed			
9/19/2016	Case Open			
9/19/2016	Continued	SC	12/19/16 8:30 am	3
9/19/2016	Correction: Stay Out of Trouble-BROAD Paid 0			
9/19/2016	Correction: Bail/Forfeit/Amend (460) Paid 0			
12/19/2016	Sentence: Stay Out of Trouble-BROAD completed 1			
12/19/2016	Sentence: Bail/Forfeit/Amend (460) completed 1			
12/19/2016	Case Closed			



I HEREBY CERTIFY that this is a full,  
true and correct copy of the  
disposition made and entered  
on the above entitled action.

*O. Rucker* 3/16/2020  
MUNICIPAL COURT CLERK



Las Vegas Municipal Court  
Regional Justice Center  
200 Lewis Avenue P.O. Box 3920  
Las Vegas, Nevada 89127  
38-COURT (702-382-6878)



THE CITY OF LAS VEGAS.

Plaintiff,

vs.

ALVARADOMEDINA, ANA ROSA

Defendant

) Violation Code: 5018  
) Violation Description: BATTERY/DOMESTIC VIOLENCE  
) Violation Date: 8/5/2015  
) Case No.: C1140663A  
) History No.: 100288813  
) Amended Code: 5301  
) Amended Description: DISTURBING THE PEACE

**JUDGMENT**

Complaint: 9/1/2015

Disposition: **GUILTY**

Finding:

Disposition Date: 12/19/2016

Date	Proceedings	Purpose	Court Date/Time	Dept
------	-------------	---------	-----------------	------





Las Vegas Municipal Court  
At the Regional Justice Center  
200 Lewis Avenue  
Las Vegas, NV

Mailing Address:  
P.O. Box 3960  
Las Vegas, NV 89127  
www.lasvegasnevada.gov

Phone: 38-Court (382-6878)

### Payment History Report

Defendant: **ALVARADOMEDINA, ANA ROSA** History Number: 100288813 As Of: 3/16/20

Viol Date: 8/5/15 Case: C1140663A Description: **DISTURBING THE PEACE** Case Status: CLOSED

Date	Description	Amount Paid
08/05/2015	Payment Receipt #15-LEST 4-003122 BAIL : \$ 3,115.00	\$3,115.00
09/24/2015	Payment Receipt #IR15-025589 Bails : \$ -1,875.00	\$-1,875.00
12/17/2015	Payment Receipt #IR15-033183 BAIL : \$ -390.00	\$-390.00
12/23/2015	Payment Receipt #IR15-033545 Bails : \$ -390.00	\$-390.00
09/19/2016	Payment Receipt #IR16-054915 BAIL : \$ -460.00 Administrative Assessment - County : \$ 2.00 Administrative Assessment - City : \$ 7.00 Administrative Assessment - State (SGF) : \$ 5.00 Administrative Assessment - State : \$ 81.00 Construction Assessment : \$ 10.00 Specialty Court Programs Assessment - State : \$ 7.00 BAIL FORFEITURE : \$ 348.00	\$0.00





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Ana R. Alvarado-Medina

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. Alvarado-Medina:

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 June 10, 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/join/register/tJc9f-mhgTguGNyc09MqVYIjK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

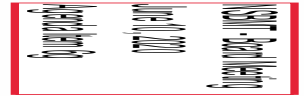
COPY

9489 0090 0027 6226 3395 62



# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET



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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Morgan A. Carr

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

### BACKGROUND INFORMATION:

Mr. Carr's massage application is before you today due to potential criminal history that could not be approved administratively. Mr. Carr was arrested on October 12, 2001 by Drug Enforcement Administration and October 17, 2009 by Chicago Police Department for Battery/bodily harm. Mr. Carr is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700(2) and (9). Staff's recommendation is to approve a license with no restrictions.

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Morgan A. Carr arrests/charges:

10/12/2001 – Arrest by Drug Enforcement Administration (DEA) – Chicago, IL – Arrested for possession of a controlled substance of 720 ILCS 550/4 – Cannabis Regulation and Tax Act and 720 ILCS 570/420 possession of a controlled substance. Outside of written statement no information regarding arrest or case provided by Mr. Carr.

10/17/2009 – Battery/Bodily Harm – Chicago PD – Outside of written statement no information regarding arrest or case provided by Mr. Carr.

Prepared by Tereza Van Horn, Executive Assistant





NSBMT  
NOV 18 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: [nvmessagebd@state.nv.us](mailto:nvmessagebd@state.nv.us)

Website: <http://massageboard.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 CARR First MORGAN Middle Initial A

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Gender: Male ☒ Female ☐

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 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.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MMDDYY)
ILLINOIS	227.07992	2015	12/31/2010
CALIFORNIA	72633	2017	4/29/2021

### 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 (mm - mm)	Hours Completed
CORTIVA - Chicago Loop	Chicago IL	2014	750

### 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.**

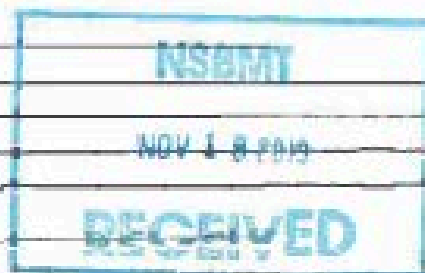
The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MMDDYY)	Expiration Date (MMDDYY)
Chicago IL	2/13/15	<div><b>NSMT</b> NOV 18 2015 <b>RECEIVED</b></div>

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"/>	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: <b>(required)</b></p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>_____</p> <p>*Reason for action: _____</p> <p>_____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>_____</p> <p>*Reason for action: _____</p> <p>_____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)</p> <p>If so, please explain (Use additional paper if necessary) _____</p> <p>_____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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:</p> <p>(a) Made sexual advances toward the person;</p> <p>(b) Requested sexual favors from the person; or</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: <b>(required)</b></p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>_____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p> <p>_____</p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>_____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p> <p>_____</p>



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: 

Date: 11/15/19

State of Illinois

County of Cook

Signed and sworn to before me this 15<sup>th</sup> day of November 2019

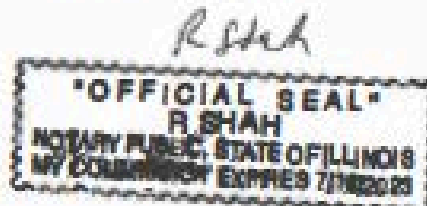
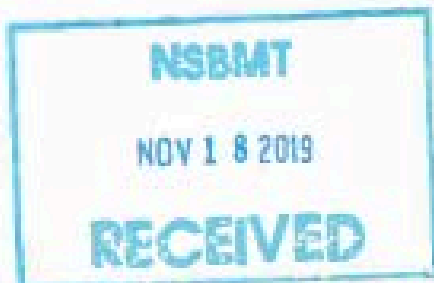
Morgan A Carr

, who personally appeared before me.

R Shah  
Notary Public Signature

07/16/2023  
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

Fax (775) 786-4264

Email: [nvmessagebd@state.nv.us](mailto:nvmessagebd@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: \_\_\_\_\_

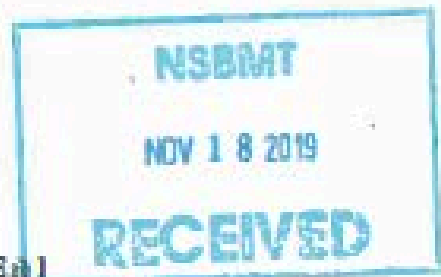
Date(s) of Service: From \_\_\_\_\_ (DD/MM/YYYY) To \_\_\_\_\_ (DD/MM/YYYY)

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



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

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

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

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

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

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

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

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

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

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

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

Applicant's Name: CARR, MORRIS ALEXANDER Applicant's Signature [Signature]

(PLEASE PRINT LAST, FIRST, MIDDLE)

Date: 11/15/19

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham

Signature [Signature]

Date 12/17/19

## Official Transcript

17 N State Street Suite 100  
Chicago, IL 60602

DEC 09 2019



RECEIVED

Student: Morgan Carr

Student ID:

Birthdate:

Student Start Date: 3/17/2014

Course Code	Course Description	Hours Earned	Hours Attempted	Hours Earned	Grade	Actual Attempted Hours	Quality Points	Course Code	Course Description	Hours Earned	Hours Attempted	Hours Earned	Grade	Actual Attempted Hours	Quality Points
<b>Program: Professional Massage Therapy Program</b> <b>Enrollment #: CA14027663</b> <b>Status: Graduate</b> <b>Start Date: 3/17/2014</b> <b>Grad Date: 12/21/2014</b>								MCL 111A	Clinic Foundations & Hydrotherapy A	20.00	20.00	20.00	A	20.00	80.00
								APP 121B	Anatomy Physiology & Pathology of Body Systems I-B	20.00	20.00	20.00	A	19.92	80.00
								MAK 111B	Musculoskeletal Anatomy & Kinesiology I-B	20.00	20.00	20.00	A	19.83	80.00
APP 111A	Introduction to Anatomy, Physiology & Pathology A	20.00	20.00	20.00	A	20.00	80.00	MAS 127B	Clinical Foundations: Neuromuscular Techniques & Sports Massage B	30.00	30.00	30.00	A	24.00	120.00
APP 111B	Introduction to Anatomy, Physiology & Pathology B	20.00	20.00	20.00	A	18.00	80.00	MCL 111B	Clinic Foundations & Hydrotherapy B	20.00	20.00	20.00	A	13.75	80.00
MAS 117A	Massage Foundations: Mechanics & Strokes A	20.00	20.00	20.00	A	20.00	80.00	MAK 121A	Musculoskeletal Anatomy & Kinesiology I-A	20.00	20.00	20.00	A	20.00	80.00
MAS 117B	Massage Foundations: Mechanics & Strokes B	20.00	20.00	20.00	A	20.00	80.00	MAS 120B	Clinical Foundations: Myofascial Techniques & Assessment B	20.00	20.00	20.00	B	15.00	80.00
MAS 118A	Massage Foundations: Integrative Therapeutic Massage A	30.00	30.00	30.00	A	30.00	120.00	MAS 135A	Population Spectrum A	15.00	15.00	15.00	A	12.00	60.00
MAS 118B	Massage Foundations: Integrative Therapeutic Massage B	30.00	30.00	30.00	A	30.00	120.00	MCL 121A	Student Clinic I-A	20.00	20.00	20.00	A	20.00	80.00
PEC 111A	Professional Ethics & Communication I-A	20.00	20.00	20.00	A	20.00	80.00	PEC 121A	Professional Ethics and Communication I-A	15.00	15.00	15.00	A	12.00	60.00
PEC 111B	Professional Ethics & Communication I-B	20.00	20.00	20.00	A	19.92	80.00	MAK 121B	Musculoskeletal Anatomy & Kinesiology II-B	20.00	20.00	20.00	B	15.00	80.00
APP 121A	Anatomy Physiology & Pathology of Body Systems I-A	20.00	20.00	20.00	A	19.83	80.00	MAS 136B	Clinical Foundations: Myofascial Techniques & Assessment B	20.00	20.00	20.00	A	20.00	80.00
MAK 111A	Musculoskeletal Anatomy & Kinesiology I-A	20.00	20.00	20.00	A	19.87	80.00	MAS 135B	Population Spectrum B	15.00	15.00	15.00	A	13.25	60.00
MAS 127A	Clinical Foundations: Neuromuscular Techniques & Sports Massage A	30.00	30.00	30.00	A	30.00	120.00	MCL 121B	Student Clinic I-B	20.00	20.00	20.00	A	20.00	80.00
								PEC 121B	Professional Ethics and Communication I-B	15.00	15.00	15.00	A	14.75	60.00



Date: 12/29/2019

# Cortiva Institute - Chicago Campus

NSBMT

Page 2 of 2

## Official Transcript

17 N State Street Suite 500  
Chicago, IL 60602

DEC 09 2019


RECEIVED

Student: Morgan Carr

Student ID:

Birthday:

Student Start Date: 3/17/2014

Course Code	Course Description	Hours Earned	Hours Attempted	Hours Grade	Actual Attended Hours	Quality Points	Course Code	Course Description	Hours Earned	Hours Attempted	Hours Grade	Actual Attended Hours	Quality Points
APP 131A	Anatomy, Physiology & Pathology of Body Systems I-A	20.00	20.00	20.00	B	15.17	80.00	*** Copy of Transcript ***					
BUS 119A	Business Practices for Massage Therapists A	20.00	20.00	20.00	A	15.42	80.00	<div> Michael R. Decker Medical Representative, VP of Compliance</div> <div>6/26/2019 Date</div>					
MAS 139A	Clinical Integration Assessments & Techniques A	30.00	30.00	30.00	A	30.00	120.00						
MCL 131A	Student Clinic I-A	20.00	20.00	20.00	A	20.00	80.00						
RCR 131A	Clinical Reasoning and Research Literacy A	15.00	15.00	15.00	A	12.00	60.00						
APP 131B	Anatomy, Physiology & Pathology of Body Systems I-B	20.00	20.00	20.00	A	20.00	80.00						
BUS 119B	Business Practices for Massage Therapists B	20.00	20.00	20.00	A	19.07	80.00						
MAS 139B	Clinical Integration Assessments & Techniques B	30.00	30.00	30.00	A	28.17	120.00						
MCL 131B	Student Clinic I-B	20.00	20.00	20.00	A	20.00	80.00						
RCR 131B	Clinical Reasoning and Research Literacy B	15.00	15.00	15.00	A	14.25	60.00						
Enrollment Totals:		750.00	750.00	750.00		708.08	2,940.00						

GPA: 3.92

# Cortiva Institute

The Administration of  
the Cortiva Institute Chicago Loop Campus  
does hereby declare that

**Morgan Alexander Carr**

has completed the 750 clock hour  
Professional Massage Therapy Program

Given on the Twenty-First day of December, Two Thousand Fourteen

*Mary Murphy*  
Campus President

COMIA  
COUNCIL ON MASSAGE INSTITUTE



*Susan Ba*  
Deputy Director of Education





**FSMTB**  
FEDERATION OF STATE  
MASSAGE THERAPY BOARDS

**MBLEx Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEx scores received on: 08-19-2019**

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Carr	Morgan			01-13-2015	1	Pass	English	Cortiva Institute - Chicago Campus





**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

JB Pritzker  
Governor

Deborah Hagan  
Secretary

Cecilia Abundis  
Acting Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

NV State Board of Massage Therapy  
1755 East Plumb Lane, Suite 252  
Reno, Nevada 89502

Licensee: MORGAN A CARR  
License Number: 227.017992  
Profession: Licensed Massage Therapist  
Date of Issuance: 05/06/2015  
Expiration Date: 12/31/2020  
License Status: ACTIVE  
License Method: ACCEPT EXAM  
Disciplinary History: Has not been disciplined



This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



*Cecilia Abundis* 12

Cecilia Abundis  
Acting Director  
Division of Professional Regulation

September 20, 2019  
Date

Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.

State of Illinois  
Department of Financial and Professional Regulation  
Division of Professional Regulation  
320 W. Washington St., 3rd Floor, Springfield, IL 62786

# ATTENTION

RECEIVED

SEP 27 2019

RECEIVED

The attached document is an official

**State of Illinois**

licensure certification/verification, prepared by the  
Illinois department of Financial and Professional Regulation.

This certifies that the named individual has met all of the  
education/examination requirements by law in order to  
receive the credential that is being verified.

The Department has eliminated specific  
examination status from certifications/verifications  
of licensure, as passage of an examination is a  
requirement for licensure.

This information is the **ONLY** certification  
information provided by this Department. If other information is  
needed, it **MUST** be obtained from the applicant.

THANK YOU



Monday, August 26, 2019

Tereza Van Horn  
Nevada Board of Massage Therapy  
1755 E Plumb Ln Ste 252  
Reno, NV 89502-3656

This is to verify the certification of a massage professional in the State of California.

**Certificant Name:** Morgan Alexander Carr  
**Certificate Type:** Certified Massage Therapist  
**Certificate #:** 72633  
**Effective Date:** 4/29/2019  
**Expiration Date:** 4/29/2021  
**Method of Certification:** Portal F (500 hours)

This individual is certified and is in good standing with the California Massage Therapy Council.  
To date this certificant has had no disciplinary actions with the council.

Do not hesitate to contact us if you have any questions about this individual's certification status.

Thank you,

Danielle Caron  
Certification Support Manager

California Massage Therapy Council, One Capitol Mall, Suite 800, Sacramento, CA



NSBMT

AUG 26 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: [nvmasseboard@state.nv.us](mailto:nvmasseboard@state.nv.us)Website: <http://massageboard.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: Morgan Carr License Number: 721633

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

## License Information

Name:	<u>Morgan Alexander Carr</u>
Date of Birth:	
Type of License:	<u>Certified Massage Therapist</u>
License Number:	<u>721633</u>
How Issued:	<u>500 hours Education &amp; MBLEx</u>
Original Licensure Date:	<u>11/8/2017</u>
Expiration Date:	<u>4/29/2021</u>
Status:	<u>Active</u>

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

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

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

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

Name of licensing agency/jurisdiction: California Massage Therapy Council

Address: One Capitol Mall Ste 900 State, Zip: Sacramento, CA 95814

Signature: [Signature] Date: 8/24/19

Title: Certification Support Manager

Print agent's name: Danielle Canon

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

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

December 24, 2019

Morgan A. Carr

Re: DISPOSITION OF RECORD

Dear Mr. Carr,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Your background check will expire on **03/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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

## **Tereza Van Horn**

---

**From:** Nevada Board of Massage Therapists  
**Sent:** Monday, March 2, 2020 10:37 AM  
**To:**  
**Subject:** RE: License application

Mr. Carr,

Sorry for the mis-understanding.

All documents must be received in our office for processing. As discussed in a previous email, documents cannot be accepted if received by email.

A written narrative describing the incidents is yes, in your words. Not the court, not the attorneys or other parties involved. The Board wants to give every opportunity to the applicant to explain their side of the story. (Document still not received as requested)

Dispositions from the courts you appeared at – Yes you most likely will have to go to each location. Online printouts cannot be accepted. As the online information is not the full details in most cases or most States. (Document still not received as requested)

Receipts for all fines or penalties – Yes, proof of payment for all fines or penalties is required. (document still not received as requested)

Administrative staff and the Executive Director will need this information in order to make a decision on your application. If you would prefer not to gather that information and request the Board to make a decision without the listed information, then please provide that in an email. We will then schedule for our June meeting. If the Board approves you without requesting this information, then you will get a license. If the Board tables your application pending the information then you would have to provide this information. If the Board denies your application then you will have to start all over again from the beginning. There is no appeal process for denied applications.

You are more than welcome to provide the requested information and attempt to receive a license before June.

Tereza Van Horn  
Executive Assistant/Management Analyst II  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
(775) 687-9953  
tvanhorn@lmt.nv.gov

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**From:**  
**Sent:** Thursday, February 27, 2020 4:09 PM  
**To:** Nevada Board of Massage Therapists <nvmassagebd@lmt.nv.gov>  
**Subject:** RE: License application

Obviously, I can give you my side of the story myself—which I did in the previous email.

If you would like to discuss, please call me.

I understand due diligence, but I'm just genuinely curious about what other information you expect to find that's not a matter of record on my background check, and what, if anything, could possibly preclude me from receiving my license. There's nothing being hidden. Obviously, both Illinois and California reviewed my record and awarded me my license(s), which are in good standing as the letters you required attest to.

But basically, no matter what, I have to go to these locations and request this documentation, go back and get it, and send it to you so you can have "my side of the story," and at that point, based on the information you've reviewed, decide if I shall be awarded a license?

Also, for the record, as my application packet and background check should also show, I am a man and not "Ms. Carr."

Thank you.

Sent from my Sprint Phone.

----- Original message -----

From: Nevada Board of Massage Therapists <[nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)>

Date: 2/27/20 5:28 PM (GMT-06:00)

To: ?

Subject: RE: License application

Ms. Carr,

We are requesting this information as we want your side of the story. Not just the arrest record. We will not search out information from other states as again we want your side of the story. Your background will expire on 3/31/2020. If the information is not received or your application is approved by this date, you will have to pay for an additional background as your previous one will expire.

If you only supply portions of what we are asking, you will not move forward with the application process. We must have all the pieces of your background that we are requesting.

Per NRS.640C.590(4)(b) - Must comply with any other conditions, limitations and requirements imposed on the temporary license by the Board;

Sincerely,

Tereza

Nevada State Board Of Massage Therapy

(775) 687-9955 (office)

(775) 786-4264 (fax)

[www.massagetherapy.nv.gov](http://www.massagetherapy.nv.gov)

---

**From:** [REDACTED]  
**Sent:** Wednesday, February 26, 2020 9:33 AM  
**To:** Nevada Board of Massage Therapists <[nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)>  
**Subject:** License application

Hello,

I received your letter regarding some supporting documentation for my arrest record, namely the 2009 incident.

My timeline for moving has changed, so there is not quite the sense of urgency there initially was. Apologies for the delay in response.

I can provide all the information you've requested. However, I'm genuinely curious as to what you're expecting to find that's not in the background check, especially considering the incident(s) in question took place long before my licensure was approved by both Illinois and California. Again, I will go to those locations and obtain the required documents, I was merely hoping it might not be necessary.

As for a statement regarding the incident, it really looks much worse on paper than it was. Quite simply, I was in the wrong place at the wrong time, intoxicated, and handled the situation poorly. Upon leaving a bar, I brushed against this guy's car, he and his friends (also intoxicated) came after me, accusing me of vandalizing his car. They were very aggressive, and outnumbered me three to one. I always carried a small pocket knife (I opened a lot of boxes at work) and pulled it out to defend myself before one of them called the police. I spent the night in jail. It was, frankly, the worst

night of my life and something I hope to never repeat. Thankfully, he did not come to court to press charges and the case was dismissed. And I'll add, at this point in my life I seldom, if ever, drink.

I know the deadline is coming up on my background check and I can have the documentation, but I implore you to spare me the time and expense (I can only assume they charge) and let my license proceed. I'm currently in good standing in both Illinois and California and have never had any sort of mark on my professional record. I'm really not sure what you expect to find, and, more importantly, what could possibly preclude my license in Nevada, when both Illinois and California have looked at the same thing and granted it.

I would be happy to simply speak to someone and discuss this. Otherwise, I will have the requested documentation to as soon as possible.

Thank you for understanding, and I look forward to becoming a licensed massage therapist in the state of Nevada.

Best,

✉ Morgan Carr

IDFPR 227.017992

CAMTC72633

Sent from my Sprint Phone.

**Morgan Alexander Carr**

12 May, 2020

**Nevada State Board of Massage Therapy**

1755 East Plumb Lane  
Suite 252  
Reno, NV 89502



Dear Members of the Board,

Thank you for taking the time to give my application personal consideration. I know your time is valuable, so I will make this as concise as possible while still providing all pertinent information requested. I do apologize for the lack of official supporting documentation, but I am sure that after hearing my side of the story, you will feel confident in granting me my licensure, as have Illinois (2015) and California (2017).

As you and those boards know from my background check, I have been arrested twice in my life. Throughout this process, I have always been willing to provide my side of the story to explain the information contained in my background check. I assure you, I have nothing to hide.

The request was specifically for my 2009 arrest, but in the interest of full disclosure, allow me to briefly discuss the 2001 arrest first. I was present when a warrant was executed for another party. I was arrested on 10 October 2001 for possession: cannabis and "a controlled substance." I was in possession of an amount of cannabis that would be completely legal in Illinois today and literally a handful of MDMA pills. I did not have to go to court.

When I initially applied for my license from the state of Illinois, they asked me for more supporting documentation regarding this arrest. Per their request, I traveled to Chicago Police Headquarters to request (and again to obtain) my rap sheet, which did not even include this arrest, likely as it was under the auspices of the DEA. After coming back with that information, they granted my license.

The second incident, and the one for which you're seeking documentation, is the arrest from 17 October 2009. On paper, it definitely seems worse than what it was: a drunken late-night altercation outside a bar. After leaving the

establishment, I walked through the parking lot when I heard people coming up behind me. There was a group of three men, also intoxicated. One was accusing me of vandalizing his car (the "knowingly damage property" charge), and they quickly became aggressive. A scuffle ensued, mainly shoving ("battery/bodily harm"). I was in the habit of carrying a small (legal) pocketknife, as I worked in a restaurant environment in which I had to open a lot of boxes and containers. I brandished the knife, and at that point they called the police. I dropped the knife to show I was not looking for violence. The police arrived, took their statement, and me into custody.

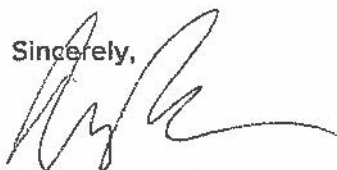
I had to go to a police station, through the booking process, and spend the night in lockup. It was, quite honestly, the worst night in my life (superseding the 2001 arrest) and I hope to never, ever have to go through that again. And as you can see from my background check, that was the last incident.

You are also requesting a disposition from the court. Again, I'm not sure what information you're expecting, or what within this information could preclude me from licensure. I was given a court date. I went, with the intention of pleading my case to the judge and asking for mercy... much like I am doing with the Board here. The plaintiff did not appear and the case was, according to the background check, "stricken off with leave to reinstate," which is a disposition apparently almost exclusive to Cook County, Illinois. It allows a future reinstatement of charges; however, so does a standard dismissal. In either situation, the case does not move forward. Had it, I'm sure any further action would have shown up in my background check.

Per your application requirements, I have contacted both Illinois and California, both of whom confirmed to you that my license is in good standing. Both have seen and reviewed this arrest information, both of which preceded my application for license. These are incidents from nearly 20 and well over 10 years ago, respectively, and both look worse on paper than the reality. I completely understand and appreciate your interest in due diligence, and am willing to pay for another background check, as mine has expired in the interim between your request and this letter/meeting. Again, this is not an attempt to hide or mislead.

I look forward to speaking with you at your June meeting to go over this in person, answer any questions you may have, and proceed with my licensure.

Sincerely,



Morgan A Carr







**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>

WAIVER OF OPEN MEETING LAW SERVICE REQUIREMENTS

I, Morgan A CARR, the undersigned, being apprised  
First Name MI Last Name

of the requirements under NRS 241.033 and NRS 241.034 for a public body to notify a person by certified mail 21 working days in advance or by personal service 5 working days in advance of a meeting in which that public body will consider that person's character, professional competence, or physical or mental health or take administrative action against that person, knowingly and voluntarily waive these service and notification requirements as to the undersigned for (an) agenda item(s) pertaining to the undersigned at the meeting of the Nevada State Board of Massage Therapy set for 9:00 a.m. on Wednesday, June 10, 2020, via Zoom:

Register in advance for this meeting:

<https://zoom.us/join/zoom/register/tJcgf-mhgTguGNYc09MgVYjK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

Dated this 18 day of MAY, 2020.

  
Signature

MORGAN A CARR  
First MI Last

**NSBMT**

**MAY 21 2020**

**RECEIVED**



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 27, 2020

Morgan A. Carr

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 Mr. Carr:

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 June 10, 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/join/register/tlcqf-mhqTguGNYc09MqVYIjK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

9489 0090 0027 6226 3396 85

# NEVADA STATE BOARD OF MASSAGE THERAPY



## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Melissa R. Denomme

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

### BACKGROUND INFORMATION:

Ms. Denomme's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Denomme was arrested on July 11, 2011 by Las Vegas Metropolitan Police Department for Domestic Battery; arrested on March 3, 2014 for possessing of drug paraphernalia and March 26, 2014 for assault with intent/reckless/injury by Bullhead City Police Department. Ms. Denomme is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700(2)(3) and (9). Staff's recommendation is to approve a probationary license for two (2) years with restrictions.

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the respondent's Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at expense.

Summary/Comments:

Board Meeting Application review:

Summary of Melissa R. Denomme arrests/charges:

3/13/2008 – Report – No arrests. Statement provided to LVMPD: Victim went to former residence shared with Ms. Denomme to pick up mail and other personal items when he encountered his ex-girlfriend Ms. Denomme. Victim states that Ms. Denomme wanted to talk about reconciliation and that she grabbed him by his shirt and struck him once on the left cheek with an open hand. Ms. Denomme stated he grabbed her by the throat while she was standing in front of him. Officers did not observe any injuries on either party and were unable to corroborate either story.

10/28/2008 – Report – no arrests. Statement provided to LVMPD: Victim states he has joint custody of minor child with his ex-girlfriend Melissa Denomme. Victim states they have a disagreement over Halloween resulting in Melissa stating to victim “me and my niggas are going to kill you very soon and I won’t have to deal with this child custody shit anymore”. Victim states Melissa told him, “killing him was the only way she could have their son”. Victim states Melissa through up gang signs at him and walked away.

07/11/2011 – Battery (Domestic Violence) – LVMPD – Case 11M31156X – Arrested for Battery and Battery (Domestic Violence). Standalone Battery charge was dismissed on court’s motion, Battery (Domestic Violence) was negotiated with exact terms unknown. Case was dismissed after completion of terms and case was closed.

Statement from LVMPD : Victim said that he had come over to listed address to pick up his 2 year old son from his wife of three (3) years, currently separated from. Victim said he and his wife who was identified as Melissa Denomme got into a verbal argument over when she was going to pick up their son. Victim said that as he was walking away, Ms. Denomme tried to pull child out of his arms. Victim said he put his arm up blocking Ms. Denomme from grabbing him. Victim stated Ms. Denomme started swinging on him. Hitting him in the left eye with a closed fist. Observation by metro includes a lump and bruising on left eye of victim. Further witnesses indicate Ms. Denomme picked up a rock and threw at victim while victim was holding child. Ms. Denomme states she went to grab child out of victim’s arms and he grabbed her by the throat and pushed her up against the garage. Ms. Denomme had no visible marks on her neck. Ms. Denomme was placed under arrest.

7/22/2011 – Report – No arrest. Statement provided by LVMPD. Ms. Denomme reports husband went to her house on 6/22/2011 while his mother was watching child. Husband went into her bedroom closet and took her handgun. Ms. Denomme states that the gun had been registered to her in her maiden name. Ms. Denomme changed the code to the gun safe and he damaged the safe to get the gun. Husband admitted to taking the gun via text message.

8/10/2011 – Report – No arrests. Statement provided by LVMPD: Victim reported that on 8/6/2011; he and Ms. Denomme meet at a location to do a child exchange. Victim has an extended TPO (Temporary Protection Order) against Ms. Denomme due to battery Domestic Violence pending case. The TPO indicates they can meet only to exchange their child. When the victim was placing child inside his vehicle, he put his cell phone on top of his car. When they leave the parking lot, the victim inadvertently left his phone on top of car. Victim turns west out of parking lot and Ms. Denomme usually turns east, today she turned west. He Victim noticed Ms. Denomme following him. Victim turned right into a

parking lot when he heard his phone fall from the roof of his car and hit the ground. Ms. Denomme stopped her car and grabbed his cell phone and fled the area.

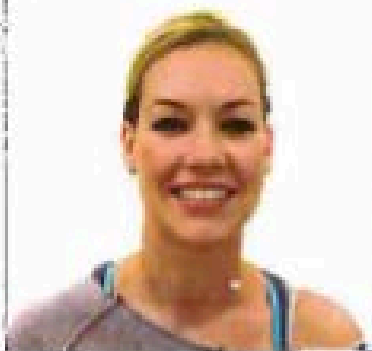
10/1/2011 – Report – No arrests. Statement provided by LVMPD: Victim stated that while meeting to exchange custody of child with ex-wife Ms. Denomme a fight ensued. Victim states that they met in parking lot. After Ms. Denomme handed victim over the child, victim proceeded to the front passenger door of his vehicle. Ms. Denomme state “What the fuck did you just say? You little smart ass” At this time Ms. Denomme put the palm of her right hand up against victim face, smacking him. Victim pushed Ms. Denomme’s hand down at which time Ms. Denomme’s boyfriend punched victim on the left side of his face. While victim was holding child. Victim set child down and victim was knocked to the ground. Incident was observed by parking lot camera’s digital images were captured of injuries.

2/6/2012 – Report – No arrests. Statement provided by LVMPD: Victim stated that he did the exchange with Ms. Denomme as stated in the ETPO (Emergency Temporary Protection Order) on Friday 2/3/2012, child was to be given back on 2/5/2012. While doing the exchange on 2/3/2012, Ms. Denomme stated “You’re never going to see him again.” Victim stated that when showing up to do the exchange on 2/5/2012 Ms. Denomme did not show up for the exchange. Victim attempted to contact Ms. Denomme numerous times but could never get a response and has not heard from her since Friday 2/3/2012. Victim is very concerned that he might not ever see his child again, or that Ms. Denomme might cause physical harm to him. Victim stated that he just wants to go through whatever channels necessary to obtain his child back. Victim was advised to follow up with missing person’s detectives regarding this incident.

3/03/2014 – Drug Paraphernalia-Possess/use – Bullhead City Police Department – Case M 0842-CR-0201400256 – Sentenced to 36 months unsupervised probation with fine of \$300.00, report monthly, remain law abiding, complete 12 sessions of substance abuse counseling with a completion date of 11/03/2014. Court audited file and found probation was completed, 12 sessions of sub abuse counseling was not completed or provided to court. 12 sessions or \$200.00 fine to be assessed to Ms. Denomme with a deadline date of 12/31/2019. Counseling was completed and submitted to court on 12/27/2019. Probation completed, fine of \$200.00 waived.

3/26/2014 – Assault – Intent /Reckless/Injury – Bullhead City Police Department – No case number provided. No disposition from Ms. Denomme provided.

Prepared by Tereza Van Horn, Executive Assistant

**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		First		Middle Initial	
Deanne		melissa		R	
List all other names previously or currently being used by you:					
Dean melissa					
Residence address (do not list post office boxes or mailbox drop out business use):					
Street		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:	
				NV	
Home Phone:		Cell Phone:		Business Phone:	
				Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Business Name:					
Business Address:					
Street		City		State Zip	
Email Address:					
Indicate the appropriate selection, which address you would prefer to be public knowledge. Home <input type="checkbox"/> Mailing <input checked="" type="checkbox"/> Business <input type="checkbox"/>					
Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

**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 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.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)

### 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
Northwest Career College	Las Vegas, NV	2018-2019	750

### 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	05/02/19	N/A

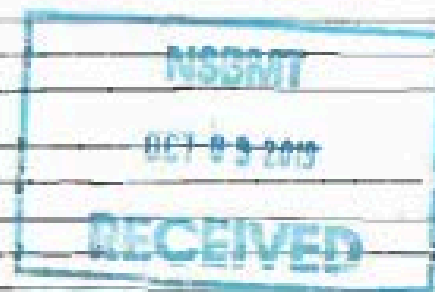




You must answer all of these questions by checking the appropriate "Yes" or "No" box.  
If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

### Section 6 Application Screening Questions (use additional sheets of paper if needed)

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: <b>(required)</b></p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)</p> <p>If so, please explain (Use additional paper if necessary) _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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:</p> <p>(a) Made sexual advances toward the person;</p> <p>(b) Requested sexual favors from the person; or</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: <b>(required)</b></p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p>



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 Melissa Denomme Date: 9/13/19

State of Nevada County of Clark

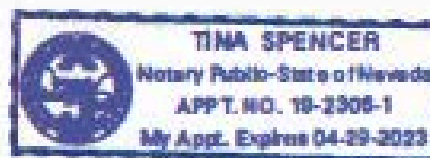
Signed and sworn to before me this 13<sup>th</sup> day of September 2019

Melissa Denomme, who personally appeared before me.

[Signature]  
Notary Public Signature

4-29-23  
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

Fax (775) 786-4264

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

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

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

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

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

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

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

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

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

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

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

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

Applicant's Signature

ah 119 (PLEASE PRINT LAST, FIRST, MIDDLE)

Submitting Agency: Nevada State Board of Massage Therapy

Date: 10/17/19

Agency Representative: Kim Buckingham Signature:

7398 Smoke Ranch Road  
Las Vegas, NV 89128  
[www.northwestcareercollege.edu](http://www.northwestcareercollege.edu)

Student: Melissa Deonima Student ID: DE14328 DOB: Original Start Date: 10/29/2018 Student GPA: 3.55

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
<b>Program: Diploma in Massage Therapy</b>						MT303	MT303 - Medical Massage Applications	2.00	2.00	A	8.00
<b>Enrollment#: 051340E</b>						MT306	MT306 - Shiatsu	2.00	2.00	B	6.00
<b>Start Date: 10/29/2018</b>						MT201	MT201E - Student Clinic	0.83	0.83	A	3.32
<b>Grad Date: 5/16/2019</b>						MT301	MT301 - Deep Tissue UpperBody	2.00	2.00	A	8.00
<b>Term: 4P5181021</b>						MT302	MT302 - Deep Tissue LowerBody	2.00	2.00	A	8.00
<b>4P5 2018.10.29</b>								25.32	25.32		98.79
MT101	MT101A - Basic Massage	2.00	2.00	A	8.00	<b>Term GPA: 3.82</b>		<b>Cum GPA: 3.55</b>			
MT102	MT102A - Human Anatomy and Physiology	3.00	3.00	A	12.00						
MT103	MT103A - Kinesiology	1.00	1.00	A	4.00						
MT101	MT101B - Basic Massage	2.00	2.00	A	8.00						
MT102	MT102B - Human Anatomy and Physiology	3.00	3.00	B	9.00						
MT103	MT103B - Kinesiology	1.00	1.00	A	4.00						
MT101	MT101C - Basic Massage	2.00	2.00	B	6.00						
MT102	MT102C - Human Anatomy and Physiology	3.00	3.00	B	9.00						
MT103	MT103C - Kinesiology	1.00	1.00	B	3.00						
MT101	MT101D - Basic Massage	2.00	2.00	A	8.00						
MT202	MT202 - Advanced Anatomy and Physiology	3.00	3.00	C	6.00						
MT203	MT203 - Advanced Kinesiology	3.00	3.00	C	6.00						
MT201	MT201A - Student Clinic	0.85	0.85	A	3.40						
MT205	MT205 - Massage as a Business	3.00	3.00	A	12.00						
MT207	MT207 - Spa Therapies	2.00	2.00	A	8.00						
<b>Term GPA: 3.34</b>		<b>32.35</b>	<b>32.35</b>	<b>105.10</b>							
<b>Cum GPA: 3.34</b>											
<b>Term: 4P4100408</b>						<b>4P4 2019.05.05</b>		<b>5/5/2019</b>		<b>11/24/2019</b>	
						MT201	MT201 - Student Clinic	0.83	0.83	A	3.32
								0.83	0.83		3.32
<b>Term GPA: 4.00</b>		<b>Cum GPA: 3.55</b>									
						<b>Diploma in Massage Therapy</b>		<b>GPA: 3.55</b>		<b>55.50</b>	
								<b>55.50</b>			
*** End of Transcript ***											
<b>Authorized Signature</b> <u>Cheryl Wadley</u>						<b>Date</b> <u>9/9/19</u>					
<b>Official Transcript</b>											
<div>NSBMT OCT 09 2019 RECEIVED</div>											

\*\* Indicates Retaken Course  
R\* Indicates Retaken Override

Not official unless signed by registrar.

# Indicates Pass/Fail Course  
+ Indicates Associated Course

\*\*\* End of Transcript \*\*\*

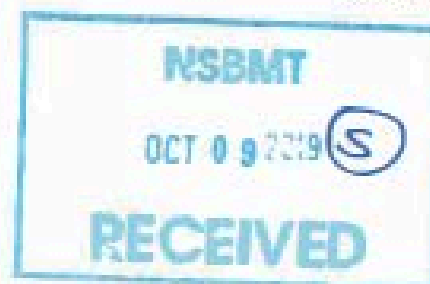
Authorized Signature

*Cheryl Wadley*

Date

9/9/19

Official Transcript



# northwest

## CAREER COLLEGE

THIS CERTIFIES THAT

### Melissa Denomme

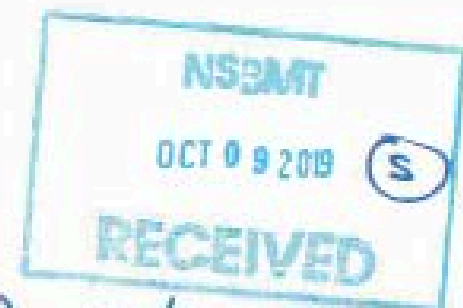
Has successfully completed the 750-Hour Massage Therapy program, and is therefore  
awarded this

## DIPLOMA

Given this 16<sup>th</sup> day of August, 2019



Cheryl May  
School Administrator



John T. Kennedy  
Director, Dr. John Kennedy

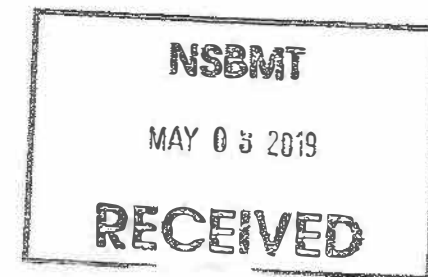


## MBLEx Jurisdictional Score Report and Transfer Grade Roster

**State: Nevada**

**MBLEx scores received on: 05-03-2019**

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Denomme	Melissa			05-02-2019	1	Pass	English	Northwest Career College







**Nevada State Board of Massage Therapy**

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

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

October 21, 2019

Melissa R. Denomme

Re: DISPOSITION OF RECORD

Dear Ms. Denomme,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the arrest dates. **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.

Your background check will expire on **03/30/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

A blue ink signature of Tereza Van Horn.

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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

Melissa R Dean

Aka: Denomme

Explanation of charges:

**CASE: 11M31156X**

Battery / Domestic Violence

I was arrested on 7/11/2011 for Battery / Domestic Violence in Las Vegas, NV.

The evening of the 11<sup>th</sup>, my ex-husband came over to pick up our 2-year-old son. After I gave my son to his dad, he verbally told me that "I would not see my son again, until after we go to court for custody." His statement emotionally freaked me out. I immediately went to reach for my son and snatch him from his dad. In doing so, my ex-husband put his hand around my neck and threw me against the garage. I reacted in fear and began to punch and push him away from me. I was arrested that evening for battery/D, because I hit my ex in the face. I plead, No Contest to the charges against me.

I completed all required classes and paid all court cost. My case was Dismissed on 2/13/2012.

**CASE: 14 CR 256 CM1**

Drug Paraphernalia

I was arrested on 3/3/2014 for Drug Paraphernalia in Bullhead City, AZ.

I threw a party the evening of the 3<sup>rd</sup> of March at my apartment. There had to be close to 20+ in attendance. Police were called out for Noise complaint. Upon the police's arrival everyone began to leave. The police asked to enter my apartment. I didn't think I had anything to worry about, so I said okay. Little did I know someone had dropped/left a marijuana pipe on my patio. I told the officer that it wasn't mine but because it was on my property, I took responsibility for my actions and accepted the consequences.

I plead, Guilty to having possession of a marijuana pipe in my home.

I completed all required Substance Abuse Education classes and paid all court fines.

My case is completed/closed as of 12/27/2019.



C5082421  
J5082421-REPORT 2A

PAGE: 125  
02/13/2012

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 11M31156X

STATE VS: DENOMME, MELISSA RENEE

ID #: 01825638

AKA: DENOMME, MELISSA R

DR NUMBER:

START DATE: 07/11/2011

ARRESTED BY: FORD, SHAWN M

ARREST DATE: 07/11/2011

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 07/11/2011

PROSECUTOR: LIZ MERCER

DISPO DATE: 02/13/2012

001 CHARGE: 200.485 M BATTERY (DOMESTIC VIOLENCE)  
DISPOSITION: --DISMISSED--- DISMISSED PER NEGOTIATIONS

CITATION: 1107113995 PCN: 0025272593 SEQ: 001



  
JUSTICE OF THE PEACE - DEPT. 04

# REGISTER OF ACTIONS

## CASE NO. 11MD0156X

State of Nevada vs Denomme, Melissa Renee

0  
1  
5  
6  
X

Case Type: Misdemeanor  
Date Filed: 07/12/2011  
Location: JC Department 4

### Party Information

Defendant	Denomme, Melissa Renee AKA Denomme, Melissa R	Lead Attorneys
State of Nevada	State of Nevada	

### Charge Information

Charges: Denomme, Melissa Renee 1. BATTERY (DOMESTIC VIOLENCE)	Statute 200.481	Level Misdemeanor	Date 07/15/2011
---	--------------------	----------------------	--------------------

### Events & Dispositions from Court

02/13/2012	DISPOSITIONS Disposition (Judicial Officer Saragosa, Melissa) 1. BATTERY (DOMESTIC VIOLENCE) DISMISSED PER NEGOTIATIONS
07/10/2011	OTHER EVENTS AND EXPLANICH Temporary Custody Record
07/12/2011	JC OMA Accounting Detail Ref#: 0000034 DocName: DENOMME, MELISSA R Payer Name: FREE BAIL BONDS Defl D: 01825638 Fund: 000 Payment Type: CHK Location: ITK Case #: 11M3156X
07/12/2011	B AILED/BONDED B AILED/BONDED
07/12/2011	COMPLETED BY JJ MinuteCode: COMPLETED BY JJ MinuteCode: COMPLETED BY JJ
07/12/2011	Surety Bond
07/12/2011	Minute Order
07/12/2011	Bail Receipt
07/12/2011	Bail Receipt
07/12/2011	TRANSFERRED TO JC TRANSFERRED TO JC
07/13/2011	COMPLETED BY LLO MinuteCode: COMPLETED BY LLO MinuteCode: COMPLETED BY LLO
07/13/2011	CTRACK Track Assignment JCS
07/14/2011	RECEIVED FROM DA RECEIVED FROM DA
07/14/2011	COMPLAINT FILED COMPLAINT FILED
07/14/2011	Criminal Complaint (NON USJF)
07/18/2011	ARRANGEMENT COMPLETED (Judicial Officer Saragosa, Melissa) MISDARRON
07/18/2011	Assignment (8:00 AM) (Judicial Officer Saragosa, Melissa) Result: COMPLETED
10/24/2011	CONTINUE FOR STATUS CHECK (Judicial Officer Saragosa, Melissa) NONJURY TRIAL
10/24/2011	Bench Trial (8:00 AM) (Judicial Officer Saragosa, Melissa) Result: COMPLETED
11/14/2011	ARRANGEMENT COMPLETED (Judicial Officer Saragosa, Melissa) MISDARRON
11/14/2011	Assignment (8:00 AM) (Judicial Officer Saragosa, Melissa) Result: COMPLETED
02/13/2012	DISMISSED PER NEGOTIATIONS (Judicial Officer Saragosa, Melissa) NONJURY TRIAL
02/13/2012	COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode: COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode: COURTESY NOTICE OF DISPOSITION GENERATED
02/13/2012	Bench Trial (8:00 AM) (Judicial Officer Saragosa, Melissa) Result: CASE FINDING
02/13/2012	Bond Exoneration
02/13/2012	Notice of Disposition and Judgment
02/14/2012	Motion to Place on Calendar MOTION TO PLACE ON CALENDAR FOR THE PURPOSE OF WITHDRAWING A S COUNSEL
02/15/2012	Certificate



03/19/2012 **OF MAILING**  
**DISMISSAL STANDS** (Judicial Officer: Saragosa, Melissa )  
**MOTIONS**  
03/19/2012 **Motion** (8:00AM) (Judicial Officer Saragosa, Melissa)  
**Result: COMPLETED**



C5082421  
J5082421-REPORT 2A

PAGE: 49  
10/18/2012

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 11M42631X

STATE VS: DENOMME, MELISSA RENEE

ID #: 01825638

AKA: DENOMME, MELISSA R

DR NUMBER:

START DATE: 10/11/2011

ARRESTED BY: NO ARRESTING OFFICER

ARREST DATE: 10/11/2011

SUBMITTED BY: LASTER, GEORGE TIMOTHY

SUBMIT DATE: 10/11/2011

PROSECUTOR:

DISPO DATE: 10/18/2012

001 CHARGE: 200.485 M BATTERY (DOMESTIC VIOLENCE)  
DISPOSITION: --DISMISSED--- DISMISSED/REQUIREMENTS COMPLETED

CITATION: 1110013602 PCN: 0028469147 SEQ: 001

002 CHARGE: 200.4812A M BATTERY  
DISPOSITION: --DISMISSED--- DISMISSED ON COURTS MOTION

CITATION: 1110013602 PCN: 0028469147 SEQ: 002



*Michael A. Sarago*  
JUSTICE OF THE PEACE DEPT. 04

# REGISTER OF ACTIONS

CASE No. 11M42631X

State of Nevada vs Denomme, Melissa Renee

Case Type: Misdemeanor  
Date Filed: 10/13/2011  
Location: JC Department 4

## PARTY INFORMATION

Defendant	Denomme, Melissa Renee AKA Denomme, Melisse R	Lead Attorneys
State of Nevada	State Of Nevada	

## CHARGE INFORMATION

Charges: Denomme, Melissa Renee	Statute	Level	Date
1. BATTERY (DOMESTIC VIOLENCE)	200.481	Misdemeanor	10/13/2011
2. BATTERY	200.481	Misdemeanor	10/13/2011

## EVENTS & ORDERS OF THE COURT

**DISPOSITIONS**

02/13/2012 Disposition (Judicial Officer: Saragosa, Melissa)  
2. BATTERY  
DISMISSED ON COURT'S MOTION

10/18/2012 Disposition (Judicial Officer: Weed, Randall F.)  
1. BATTERY (DOMESTIC VIOLENCE)  
DISMISSED/REQUIREMENTS COMPLETED

**OTHER EVENTS AND HEARINGS**

10/11/2011 Conversion Unknown  
SUMMONS IN LIEU  
COMPLETED BY HH  
MinuteCode1: COMPLETED BY HH MinuteCode3: COMPLETED BY HH

10/13/2011 TRANSFERRED TO JC  
TRANSFERRED TO JC  
COMPLETED BY LLO  
MinuteCode1: COMPLETED BY LLO MinuteCode3: COMPLETED BY LLO

10/13/2011 CTRACK Track Assignment JC08

10/14/2011 Conversion Unknown (Judicial Officer: Saragosa, Melissa)  
OTHER

10/14/2011 OTHER (8:00AM) (Judicial Officer Saragosa, Melissa)  
Result: COMPLETED

10/14/2011 Criminal Complaint

10/14/2011 Filed Under Seal

10/14/2011 Minute Order

10/17/2011 Summons Issued In Lieu Of Arrest

10/28/2011 Returned Mail  
Returned Summons in Lieu of Arrest

11/14/2011 ARRAIGNMENT COMPLETED (Judicial Officer: Saragosa, Melissa)  
SUMMONS RETURN

11/14/2011 Summons Return Hearing (8:00 AM) (Judicial Officer Saragosa, Melissa)  
Result: COMPLETED

02/13/2012 CONTINUE FOR RENDITION OF SENTENCE (Judicial Officer: Saragosa, Melissa)  
NONJURY TRIAL

02/13/2012 Bench Trial (8:00AM) (Judicial Officer Saragosa, Melissa)  
Result: COMPLETED

02/13/2012 Admonishment of Rights - BDV  
Signed in open court.

03/14/2012 Motion to Place on Calendar  
MOTION TO PLACE ON CALENDAR FOR THE PURPOSE OF WITHDRAWING AS COUNSEL

03/15/2012 Certificate  
OF MAILING

03/19/2012 CONTINUED TO COMPLETE REQUIREMENTS (Judicial Officer: Saragosa, Melissa)  
MOTIONS

03/19/2012 Motion (8:00AM) (Judicial Officer Saragosa, Melissa)  
Result: COMPLETED

04/03/2012 Counseling Report

05/02/2012 Counseling Report

05/07/2012 CONTINUED TO COMPLETE REQUIREMENTS (Judicial Officer: Saragosa, Melissa)  
MISDARRGN

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JAN 02 2020

FILED



05/07/2012 Arraignment (8:00AM) (Judicial Officer Saragosa, Melissa)  
 Result: COMPLETED  
 06/25/2012 Counseling Report  
 07/02/2012 CONTINUED TO COMPLETE REQUIREMENTS (Judicial Officer: Saragosa, Melissa)  
 MISD ARRGN  
 07/02/2012 Arraignment (8:00AM) (Judicial Officer Saragosa, Melissa)  
 Result: COMPLETED  
 08/10/2012 Transcript of Proceedings  
 10/01/2012 CONTINUED TO COMPLETE REQUIREMENTS (Judicial Officer: Saragosa, Melissa)  
 MISD ARRGN  
 10/01/2012 Arraignment (8:00AM) (Judicial Officer Saragosa, Melissa)  
 Result: COMPLETED  
 10/01/2012 Counseling Report  
 10/08/2012 Community Service Report  
 48.5  
 10/11/2012 Community Service Report  
 35.5  
 10/18/2012 DISMISSED/REQUIREMENTS COMPLETED (Judicial Officer: Weed, Randall F.)  
 OFF CALENDAR  
 10/18/2012 COURTESY NOTICE OF DISPOSITION GENERATED  
 MinuteCode1: COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode3: COURTESY NOTICE OF DISPOSITION GENERATED  
 10/18/2012 Converted Hearing Type (8:00AM) (Judicial Officer Weed, Randall F.)  
 Result: CASE FINDING  
 10/18/2012 Notice of Disposition and Judgment  
 10/22/2012 VACATED (Judicial Officer: Weed, Randall F.)  
 MISD ARRGN  
 10/22/2012 CANCELED Arraignment (8:00AM) (Judicial Officer Weed, Randall F.)  
 Vacated  
 Result: COMPLETED



BULLHEAD CITY MUNICIPAL COURT  
1255 MARINA BOULEVARD  
BULLHEAD CITY, ARIZONA 86442

TIME: 11:40:10 AM  
DATE: Dec 27, 2019  
PAGE: 1

CASE: M- 0842-CR- 0201400256 PARTY: D - 001 STIEVO MELISSA RENEE  
STATE VS STIEVO MELISSA RENEE  
JUDGE: PDP PETER PSAREAS STATUS: CL CLOSED  
FILING DATE: 03-04-2014 CASE TYPE: CMI CRIMINAL MISDEMEANOR  
EVENT CATEGORY: 2

DATE	SEQ	EVENT	RECEIPT #	AMOUNT	Number of Hours Sentenced	RESULT
03-04-2014	01	COMPLAINT FILED Citation B-000000000141946 Filed 13-3415A POSS DRUG PARAPHERNALIA T/A 4/8/14 @ 0900 MA		\$0.00		
03-27-2014	01	ARRAIGNMENT ARRAIGNED IN OPEN COURT ARRAIGNED IN CUSTODY ARRAIGNED IN CUSTODY/VIDEO		\$0.00		
03-27-2014	02	PLEA: NOT GUILTY		\$0.00		
03-27-2014	03	ORDER APPOINTING COUNSEL ANTHONY MULLAN APPOINTED/REAPPOINTED ROR PRETRIAL SET: 4/15/14 @ 0830		\$0.00		
04-15-2014	01	PRE-TRIAL CONFERENCE PRETRIAL: AGREEMENT REACHED BETWEEN PROSECUTION & DEFENSE CHANGE OF PLEA SET FOR: 05/06/2014 @ 01:30PM RC		\$0.00		
05-06-2014	01	CHANGE OF PLEA		\$0.00		
05-06-2014	02	MOTION TO WITHDRAW		\$0.00		
05-06-2014	03	ORDER ALLOWING WITHDRAWAL		\$0.00		
05-06-2014	04	SENTENCING SENTENCE: 36 MONTHS UNSUPERVISED PROBATION. FINE \$300 + 20TM + 180AF + 100PF + 25PU REPORT MONTHLY; REMAIN LAW ABIDING DOWNPMT: \$25.00 MONTHLYPMT: \$25.00 BEGIN: 06/10/2014 DUE THE 10TH OF EACH MONTH UNTIL PAID IN FULL COMPLETE UP TO 12 SESSIONS SUBSTANCE ABUSE COUNSELING ENROLL BY: 06/05/2014 COMPLETION BY: 11/03/2014		\$0.00		
05-06-2014	05	DRUGS EFF 9-19-07 Count 1-1 (\$127.69) DRUGS EFF 9-19-07		\$127.69		
05-06-2014	06	83% SURCHARGES EFF 1-1-12 Count 1-1 (\$106.01) 83% SURCHARGES EFF 1-1-12		\$106.01		
05-06-2014	07	2011 ADDITIONAL ASSESSMENT Count 1-1 (\$13.00) 2011 ADDITIONAL ASSESSMENT		\$13.00		
05-06-2014	08	\$18.30 CTENH EFF 1-1-12 Count 1-1 (\$18.30) \$18.30 CTENH EFF 1-1-12		\$18.30		
05-06-2014	09	20 PROB ASSESSMNT EFF 11-24-09 Count 1-1 (\$20.00) 20 PROB ASSESSMNT EFF 11-24-09		\$20.00		
05-06-2014	10	DRUG LAB REMEDIATION FEE Count 1-1 (\$15.00) DRUG LAB REMEDIATION FEE		\$15.00		
05-06-2014	11	JCEF TIME PAYMENT \$20.00 Count 1-1 (\$20.00) JCEF TIME PAYMENT \$20.00		\$20.00		
05-06-2014	12	ATTORNEY FEES Count 1-1 (\$180.00) ATTORNEY FEES		\$180.00		

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BULLHEAD CITY MUNICIPAL COURT  
1255 MARINA BOULEVARD  
BULLHEAD CITY, ARIZONA 86442

TIME: 11:40:10 AM  
DATE: Dec 27, 2019  
PAGE: 2

CASE: M- 0842-CR- 0201400256 PARTY: D - 001 STIEVO MELISSA RENEE  
STATE VS STIEVO MELISSA RENEE  
JUDGE: PDP PETER PSAREAS STATUS: CL CLOSED  
FILING DATE: 03-04-2014 CASE TYPE: CMI CRIMINAL MISDEMEANOR  
EVENT CATEGORY: 2

DATE	SEQ	EVENT	RECEIPT #	AMOUNT	Number of Hours Sentenced	RESULT
05-06-2014	13	PROS ASSESS RECOVERY FEE Count 1-1 (\$100.00) PROS ASSESS RECOVERY FEE		\$100.00		
05-06-2014	14	PUBLIC DEFENDER FUND Count 1-1 (\$25.00) PUBLIC DEFENDER FUND		\$25.00		
05-06-2014	15	PROBATION Count 1-1 Probation Sentence 0 yr 36 month 0 days Count 1-1 Probation Agency: BULLHEAD CITY MUNICIPAL COURT.		\$0.00		
06-04-2014	01	COUNSELING UPDATE SOS CLIENT COMPLIANT ATTENDED SCHEDULED ASSESSMENT APT CLIENT HAS ENROLLED IN LEVEL II DRUG CLASSES CG		\$0.00		
07-21-2014	01	JCEF TIME PAYMENT \$20.00 RECEIVED OF: STIEVO MELISSA RENEE	0000194261	\$-20.00		
07-21-2014	02	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE	0000194261	\$-5.00		
08-26-2014	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE	0000195932	\$-25.00		
11-20-2014	01	MOTION MOTION FOR EXTENSION ON PAYMENT FAXED OVER. FILE TO JUDGE PSAREAS.		\$0.00		
11-20-2014	02	ORDER GRANTING MOTION MOTION FOR EXTENSION GRANTED. NEXT PAYMENT IS DUE ON 2/10/15. FAXED BACK TO DEF.		\$0.00		
02-18-2015	01	MOTION DENIED DENIED SIGNED JUDGE PDP CM		\$0.00		
02-23-2015	01	WARRANT FEE Count 1-1 (\$120.00) WARRANT FEE		\$120.00		
02-23-2015	02	FUND: FARE DELINQUENCY FEE Count 1-1 (\$35.00) FUND: FARE DELINQUENCY FEE		\$35.00		
02-23-2015	03	FUND: FARE FEE SPEC COLL POSTED FOR ADJUSTMENT ON PAYMENT AS SPECIAL FEE QUALIFIES Count 1-1 (\$9.50) FUND: FARE FEE SPEC COLL		\$-9.50		
02-23-2015	04	FUND: FARE FEE SPEC COLL Assessed by AZTEC user Count 1-1 Actual assessed amount is \$138.70		\$148.20		
02-23-2015	05	BENCH WARRANT ISSUED FTC/FTP 354-10935 issued by PENNY (218) BENCH WARRANT ISSUED FTC/FTP		\$0.00		
02-24-2015	01	FARE: COLLECTION LTR TYPE 1 Notice Type 01 dated 02-25-2015 Notice #: 01150560 for Balance: \$ 868.70		\$0.00		



BULLHEAD CITY MUNICIPAL COURT  
1255 MAIN BOULEVARD  
BULLHEAD CITY, ARIZONA 86442

TIME: 11:40:10 AM  
DATE: Dec 27, 2019  
PAGE: 3

CASE: M- 0842-CR- 0201400256 PARTY: D - 001 STIEVO MELISSA RENEE  
STATE VS STIEVO MELISSA RENEE  
JUDGE: FDP PETER PSAREAS STATUS: CL CLOSED  
FILING DATE: 03-04-2014 CASE TYPE: CM1 CRIMINAL MISDEMEANOR EVENT  
CATEGORY: 2

DATE	SEQ	EVENT	RECEIPT #	AMOUNT	Number of Hours Sentenced	RESULT
02-24-2015	02	BENCH WARRANT EXEC/QUASH FAXED TO 911. COPY TO DEF. WHO IS COMING IN WITH PAYMENT. I MESSED UP ON THIS. SHE WAS TRANSFERRED IN TO THE COURTROOM AND I TOLD HER I WOULD GET IT BACK TO HER AND DID NOT. THE JUDGE WANTS TO GIVE HER A CHANCE TO COME IN AND MAKE A PAYMENT.		\$0.00		
02-24-2015	03	WARRANT FEE PER ORDER VACATE WARRANT & FARE FEES ADR		\$-120.00		
02-24-2015	04	FUND: FARE FEE SPEC COLL PER ORDER VACATE WARRANT & FARE FEES ADR		\$-138.70		
02-24-2015	05	FUND: FARE DELINQUENCY FEE PER ORDER VACATE WARRANT & FARE FEES ADR		\$-35.00		
02-24-2015	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE	0000204546	\$-40.00		
2-27-2015	01	BENCH WARRANT RETURN		\$0.00		
3-26-2015	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE	0000206296	\$-25.00		
03-27-2015	01	FARE: COLLECTION LTR TYPE 1 Notice Type 01 dated 03-30-2015 Notice #: 01150890 for Balance: \$ 510.00		\$0.00		
04-30-2015	01	FARE: COLLECTIONS LTR TYPE 2 Notice Type 02 dated 05-01-2015 Notice #: 02151210 for Balance: \$ 510.00		\$0.00		
12-07-2015	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 21386231	0000220755	\$-25.00		
02-19-2016	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 22704641	0000224980	\$-25.00		
04 2016	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 23589011	0000227881	\$-25.00		
06-24-2016	01	FARE: COLLECTIONS LTR TYPE 2 Notice Type 02 dated 06-24-2016 Notice #: 02161760 for Balance: \$ 435.00		\$0.00		
07-01-2016	01	ATTORNEY FEES RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 25098414	0000232561	\$-10.00		
07-01-2016	02	PUBLIC DEFENDER FUND RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 25098414	0000232561	\$-25.00		
07-01-2016	03	\$18.30 CTENH EFF 1-1-12 RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 25098414	0000232561	\$-18.30		

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JAN 02 2020

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BULLHEAD CITY MUNICIPAL COURT  
1255 MARINA BOULEVARD  
BULLHEAD CITY, ARIZONA 86442

TIME: 11:40:10 AM  
DATE: Dec 27, 2019  
PAGE: 4

CASE: M- 0842-CR- 0201400256 PARTY: D - 001 STIEVO MELISSA RENEE  
STATE VS STIEVO MELISSA RENEE  
JUDGE: PDP PETER PSAREAS STATUS: CL CLOSED  
FILING DATE: 03-04-2014 CASE TYPE: CM1 CRIMINAL MISDEMEANOR  
EVENT CATEGORY: 2

DATE	SEQ	EVENT	RECEIPT #	AMOUNT	Number of Hours Sented	RESULT
07-01-2016	04	PROS ASSESS RECOVERY FEE RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 25098414	0000232561	\$-46.70		
07-25-2016	01	FARE: COLLECTIONS LTR TYPE 3 Notice Type 03 dated 07-26-2016 Notice #: 03162080 for Balance: \$ 335.00		\$0.00		
07-28-2016	01	PROS ASSESS RECOVERY FEE RECEIVED OF: STIEVO MELISSA RENEE MEMO: ACS/WEB auto receipting	B000044989	\$-35.00		CONFIRMATION #91167590
08-29-2016	01	PROS ASSESS RECOVERY FEE RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 26289721	0000235602	\$-18.30		
08-29-2016	02	DRUG LAB REMEDIATION FEE RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 26289721	0000235602	\$-15.00		
08-29-2016	03	2011 ADDITIONAL ASSESSMENT RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 26289721	0000235602	\$-3.26		
08-29-2016	04	20 PROB ASSESSMNT EFF 11-24-09 RECEIVED OF: STIEVO MELISSA RENEE MEMO: Point & PAY 26289721	0000235602	\$-5.00		
08-29-2016	05	83% SURCHARGES EFF 1-1-12 RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 26289721	0000235602	\$-26.51		
08-29-2016	06	DRUGS EFF 9-19-07 RECEIVED OF: STIEVO MELISSA RENEE MEMO: POINT & PAY 26289721	0000235602	\$-31.93		
10-26-2016	01	FARE: COLLECTIONS LTR TYPE 31 Notice Type 31 dated 10-26-2016 Notice #: 31163000 for Balance: \$ 200.00		\$0.00		
04-03-2019	01	FILE SENT TO OTSC FILE AUDITED 12 SESSIONS OF SUB ABUSE COUNSELING STILL DUE PROBATION ENDED ON 05/06/17 FILE ON OTSC WALL IN ARCHIVES BJ		\$0.00		
10-24-2019	01	ORDER TO SHOW CAUSE HEARING DEF IN CONTEMPT IT IS ORDERED, DEF SHALL COMPLETE 12 SESSIONS OF SUB ABUSE C COUNSELING AT A STATE APPROVED AGENCY FOR THE STATE OF NV WITH PROOF TO THIS COURT OF ENROLLMENT BY 10/31/19 AND PROOF OF COMPLETION BY 12/31/19. IT IS FURTHER ORDERED, IF THE DEF COMPLETES 12 SESSIONS OF SUB ABUSE COUNSELING BY 12/31/19 THIS COURT WILL WAIVE THE REMAINING \$200 OWED UPON PROOF OF COMPLETION IT IS FURTHER ORDERED, DEF SHALL PAY \$200 IN FULL BY 12/31/19 IF COUNSELING IS NOT COMPLETED PER JUDGE WDC DELIVERED TO DEF IN OPEN COURT BJ		\$0.00		



BULLHEAD CITY MUNICIPAL COURT  
1255 MARINA BOULEVARD  
BULLHEAD CITY, ARIZONA 86442

TIME: 11:40:10 AM  
DATE: Dec 27, 2019  
PAGE: 5

CASE: M- 0842-CR- 0201400256 PARTY: D - 001 STIEVO MELISSA RENEE  
STATE VS STIEVO MELISSA RENEE  
JUDGE: PDP PETER PSAREAS STATUS: CL CLOSED  
FILING DATE: 03-04-2014 CASE TYPE: CM1 CRIMINAL MISDEMEANOR  
EVENT CATEGORY: 2

DATE	SEQ	EVENT	RECEIPT #	AMOUNT	Number of Hours Sentenced	RESULT
10-24-2019	02	CONTEMPT DEF IN CONTEMPT IT IS ORDERED, DEF SHALL COMPLETE 12 SESSIONS OF SUB ABUSE COUNSELING AT A STATE APPROVED AGENCY FOR THE STATE OF NV WITH PROOF TO THIS COURT OF ENROLLMENT BY 10/31/19 AND PROOF OF COMPELTION BY 12/31/19. IT IS FURTHER ORDERED, IF THE DEF COMPLETES 12 SESSIONS OF SUB ABUSE COUNSELING BY 12/31/19 THIS COURT WILL WAIVE THE REMAINING \$200 OWED UPON PROOF OF COMPLETION IT IS FURTHER ORDERED, DEF SHALL PAY \$200 IN FULL BY 12/31/19 IF COUNSELING IS NOT COMPLETED PER JUDGE WDC DELIVERED TO DEF IN OPEN COURT BJJ		\$0.00		
10-31-2019	01	COUNSELING UPDATE DEF HAS COMPLETED INITAL INTAKE RECEIVED FROM ABC THERAPY TMA FILE ON BACK WALL		\$0.00		
12-27-2019	01	PROOF SHOWN DEF FROM ABC THERAPY LLC, LAS VEGAS, NV 12 SESSIONS SA COUNSELING COMPLETED, PROOF PROVIDED BY \$200 FEE IS WAIVED UPON PROOF OF COMPLETION SB		\$0.00		
12-27-2019	02	2011 ADDITIONAL ASSESSMENT		\$-9.74		
12-27-2019	03	20 PROB ASSESMNT EFF 11-24-09		\$-8.09		
12-27-2019	04	83% SURCHARGES EFF 1-1-12		\$-79.50		
12-27-2019	05	DRUGS EFF 2-19-07		\$-95.76		
12-27-2019	06	20 PROB ASSESMNT EFF 11-24-09		\$-6.91		
12-27-2019	07	CASE CLOSED/COMPLETED		\$0.00		

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JAN 02 2020

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**Bradley, Susan**

---

**To:**

**Subject:**

14 CR 256 CM1

Hi Melissa,

We received your counseling completion paperwork and it has been docketed to your case. The \$200 fee has been waived. Your case is now closed/completed. There is no disposition, other than closed. The Register of Actions shows that your case is complete. I have included that paperwork with this email.

*SUSAN BRADLEY*

*COURT CLERK*

*BULLHEAD CITY MUNICIPAL Court*

**NSBMT**

**JAN 02 2020**

**RECEIVED**





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

February 21, 2020

Melissa R. Denomme

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. Denomme:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

**Las Vegas Location**  
Grant Sawyer Building  
555 E. Washington Ave, Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Counsel Bureau  
401 S. Carson Street, Room 2135  
Carson City, NV 89701


Please bring a valid form of photo identification to the meeting. You may attend at either location. 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

COPY

9489 0090 0027 6154 3560 51

## Tereza Van Horn

---

**From:** Tereza Van Horn  
**Sent:** Monday, March 16, 2020 11:59 AM  
**To:**  
**Subject:** Board meeting on March 25, 2020

**Importance:** High

Ms. Denomme,

Due to the recent closure of all non-essential State offices and the request of the Legislature Buildings, our meeting for March 25, 2020 has been cancelled.

We will notify you of a meeting in the future.

Please respond to this email confirming you have been notified.

Tereza Van Horn  
Executive Assistant/Management Analyst II  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
(775) 687-9953  
tvanhorn@lmt.nv.gov



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Melissa R. Denomme

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. Denomme:

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 June 10, 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/join/zoom/register/tJcgf-mhgTguGNYc09MqVYJIK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, Executive Director, is written over the word "Sincerely,".

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3396 54

### Statement of Arrest Record

My name is Qi Feng. I have applied NV State Reflexology License. On my application, I indicated that I had an arrest record in the State of Kansas in 2007. I understand that I will need to provide a detailed explanation in order for the Board to consider my application.

I opened a massage store called "Lily Massage" in Kansas starting December, 2006. I followed all the necessary laws while operating the business and made sure that all my employees were practicing legally at my store. On May 10, 2007, a few police officers came in the store at around 10 am and placed all my employees and I under arrest. I did not know what was going on until the police started to question me. They were working on a case possibly involving criminal gangs and human trafficking. The police arrested all massage store operators and employees in certain areas, thinking they might be connected to the case. After thorough investigations by the police and FBI, everyone at my store was cleared of any wrong doing. We were released without any charges. We were also promised that our records will not hurt us as long as we show the acquittal notices. Unfortunately, due to the regular judicial procedures, my reputation was marred by this false arrest.

I hope that the Board can look into the details of my arrest record and reconsider my candidacy to the Reflexology License. Thank you!

# NEVADA STATE BOARD OF MASSAGE THERAPY

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6i

## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Qi Feng

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

### BACKGROUND INFORMATION:

Ms. Feng's reflexology application is before you today due to potential criminal history that could not be approved administratively. Ms. Feng was previously before the Board on August 14-15, 2019. Reflexology application was denied. Ms. Feng was arrested in May of 2007 for promoting prostitution in Overland Park, Kansas. At the time of the arrest Ms. Feng had a city business license. Ms. Feng did not have a city massage therapy license. Charge was later dismissed. Ms. Feng 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(2)(6) and (9).

### ACTION:

- ☐ Approved  
☐ Approved with Probation Term: \_\_\_\_\_  
☐ Denied – NRS 640C. \_\_\_\_\_

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Qi Feng arrests/charges:

05/10/2007 – Arrested for Prostitution and promoting prostitution as a business owner in Overland Park, KS. Ms. Feng was listed as owner of Lily's Massage. Charges were dismissed in 8/8/2008.

3/13/2015 - Ms. Feng was cited by Inspector B. Howard at China Town Reflexology for practicing without having a license or with an expired license. Ms. Feng was given a fine of \$500.00 and an administrative fee of \$150.00. Amount of \$650.00 was paid on 3/13/2015.

Prepared by Tereza Van Horn, Executive Assistant





# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL191124013907

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Reflexology with at least 200 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☐ Massage Therapist ☐ Structural Integration ☒ Reflexology

### Applicant Name

**Last Name :** FENG  
**First Name :** QI  
**Middle Name :**



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

No record found.

### Mailing address :

**Street :**  
**City :** **State :** **Zip :**

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

**Street :**  
**City :** **State :** **Zip :**

**Social Security Number**

**Place of Birth :** china

**Date of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☒ Home ☐ Mailing ☐ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)**



## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

- ☒ Check here if you have never been licensed in any state jurisdiction.

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

## Section 4 : Training and Education

### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Fuzuba	Las Vegas	2018 - 2018	200

Transcript(s)		
Document Name	User Defined Document Name	Document Link
OL191124013907-117700-Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCETMB	Las Vegas, NV	8/28/2018

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
OL191124013907-117701-ScoreReportCard.pdf	NCBTMB-R	Pass

## Section 6 : Application Screening Questions

Read questions carefully before submitting. Once saved and submitted, this cannot

be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☒ Yes ☐ No

If yes, add the disciplinary actions below.

Date of Revocation	Licensing Agency	Reason for action	Name and Address of Employer
3/3/2015	Nevada State Board of Massage Therapists	Practicing without license	Qi Feng 6480 W Flamingo Rd Ste A Las Vegas, NV 89103

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☒ Yes ☐ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

Date of Charge	Law Enforcement Agency Detail	Charge	Disposition
5/10/2007	Johnson Co. Sheriff	Prostitution	Dismissal

#### Fingerprint Background Waiver

#### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** FENG

**First Name :** QI

**Middle Name :**

**Street :**

**City**

**State :**

**Zip :**

**Date :** 2/13/2020

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

**Military Occupation Specialty/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **QI FENG** certify that I am the person described and identified in this application; I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for

any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : QI Feng

Date : 2/13/2020

#### Upload

Have you uploaded a current passport quality photo?

Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

☒ Yes ☐ No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

☒ Yes ☐ No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Government Issued ID Card	OL191124013907-117824-Government-Issued-ID-Card.jpg	
Score Report Card	OL191124013907-117701-ScoreReportCard.pdf	NCBTMB-R
Transcript	OL191124013907-117700-Transcript.pdf	FUZUBA-TRANSCP
Certificate of Completion	OL191124013907-117699-Certificate-of-Completion.pdf	FUZUBA-DIPL
Photo	191124013907-Photo Feng.jpg	
LiveScan	Live-Scan-Voucher-191124013907.pdf	Live-Scan-Voucher-191124013907
Social Security Card	OL191124011206-116127-Social-Security-Card.jpg	
Government Issued ID Card	OL191124011206-116126-Government-Issued-ID-Card.jpg	

#### Application Fees

All fees are non-refundable.

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:  
Amount Paid:




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

STUDENT NAME: Qi Feng GENDER: Female SSN: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ ID: \_\_\_\_\_  
START DATE: 11/16/2018 COMPLETION DATE: 12/27/2018

<u>UNIT</u>	<u>SUBJECT</u>	<u>HOURS</u>	<u>GRADE</u>
A.	Reflexology History, Theory and Scope of Practice	25	B
B.	Reflex Areas of the Feet, Hands and Ears: Identification and Treatment Methods	30	A+
C.	Practical Applications of Reflexology	40	A
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: \_\_\_\_\_

12-27-18

**NSBMT**

**JAN 04 2019**

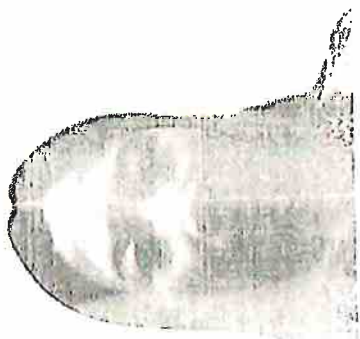
**RECEIVED**



**FuziBa**

SCHOOL OF

**Massage Reflexology**



## Certificate of Completion

I hereby certify that Qi Feng having successfully completed the 200-hour course in Professional Practice of Reflexology, is hereby awarded the Certificate of Graduation this Twenty-Seventh day of December, 2013 with all the rights and responsibilities thereto attached.

NSBMT

JAN 04 2014

RECEIVED

Qian(Chelsea) Yang  
Director

## Official NCBTMB Score Report

**Qi Feng**

**UNITED STATES**

**DOB:**



**Exam Name:** Reflexology Certificate Exam

**Exam Date:** 8/28/2018

**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.





**Tereza Van Horn**

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**From:**  
**Sent:** Saturday, December 7, 2019 9:28 AM  
**To:** Nevada Board of Massage Therapists  
**Subject:** Qi Feng's Application

Good morning,

I applied online for a reflexology license. However, the email I provided is experiencing a technical problem and unable to receive emails reliably. Would you update my application to this email address? So far, I have not received any reply yet.

Name: Feng, Qi  
Date of Birth:  
SSN:  
Updated email address:

!

Thank you for your help!

Sincerely,  
Q. Feng

Wiz ✓

# narrative of the incident

~~05-10-2007~~ around 10 o'clock in the morning. There are a few police officers plus a Chinese translator rushed to my store and arrested me and two of my workers taken go jail. In the end we figured that there are stores around us owned by other Chinese was doing illegal stuff. Because of I am Chinese and owned a massage store the police thought I was associated with them but in fact I was innocent. after the investigation the court ruled that we were innocent. The court issued us a judgement and the copy is attached in the mail. please review the attachment and we would really appreciate your time and help us get a permit. Thank you. !

By-Qi Feng

01-22-2019

NAME: QI FENG

Application Request: 01180830043051

Application License: 180830044153



IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
CRIMINAL COURT DEPARTMENT

STATE OF KANSAS,

Plaintiff,

VS.

Case No. 07CR01222  
Court No.6

FENG QI,

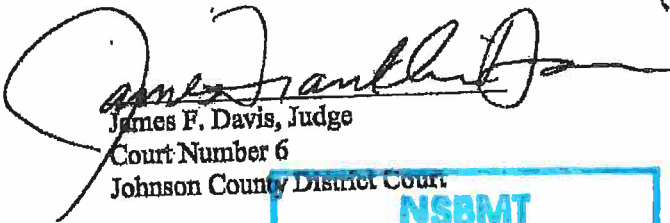
Defendant.

**ORDER OF DISMISSAL**

Now on this 8th day of August, 2008, this matter comes on for further proceedings before the Honorable James F. Davis, Judge of the District Court of Johnson County, Kansas. The plaintiff, the State of Kansas, appears by its attorney, Michael F. McElhinney, an Assistant District Attorney. The defendant FENG QI, appears in person and with counsel, Patrick Lewis.

IT IS THEREFORE BY THE COURT ORDERED, ADJUDGED AND DECREED that the Complaint against the defendant, FENG QI in District Court Case No. 07CR01222 shall be and is hereby dismissed without prejudice and the costs herein are assessed to the State except for bond supervision fees.

IT IS SO ORDERED.

  
James F. Davis, Judge  
Court Number 6  
Johnson County District Court

NSBMT

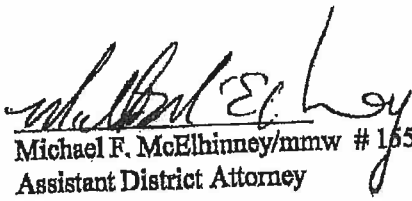
JAN 25 2009

RECEIVED

CLERK OF DISTRICT COURT  
JOHNSON COUNTY, KANSAS

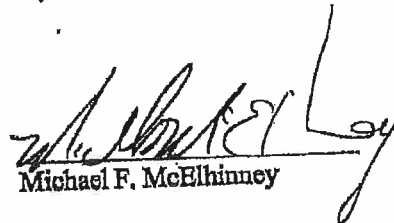
2008 AUG 13 AM 10:44

Submitted By:

  
Michael F. McElhinney/mmw # 16506  
Assistant District Attorney  
P.O. Box 728  
Olathe, KS 66051  
(913) 715-3000

CERTIFICATE

I, Michael F. McElhinney, hereby certify that a true and correct copy of the above and foregoing Order of Dismissal was placed in the US Mail, 142 N. Cherry Olathe KS 66061 for Patrick Lewis, Attorney at Law, on this 17<sup>th</sup> day of August, 2008.

  
Michael F. McElhinney



2008 AUG 17 13:44

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

PAID  
03/13/2015

Date	Invoice #
3/13/2015	698

Qi Feng

<b>Terms</b>	<b>Due Date</b>
Net 15	3/28/2015

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



Nevada State Board  
of Massage Therapists **ORIGINAL**

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>

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

Date: 3-3-15 Time: 11:59

Name: Qi Feng

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

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

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

Establishment Name: China Town Reflexology

Dear Qi Feng:

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



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

**N S B M T**

THE NEVADA STATE BOARD OF MASSAGE THERAPISTS HEREBY ISSUES THIS CITATION TO:		
SS #	D.O.B.	DL/ID #

MAR 15 2015  
Received

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPISTS REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY, THAT ON OR ABOUT Qi Feng 3-3-15 12:02 pm, China Town Reflexology

THE ABOVE NAMED PARTY DID ENGAGE IN THE FOLLOWING ACTIVITY, TO WIT:

- ☒ 640C.910 Practicing Without Having Acquired a License or With an Expired License
- ☐ 640C.920 Copying License for Display
- ☐ 640C.930 Advertising Without a License or with an Expired License
- ☐ 640C.450 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.360 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 NRS640C. 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	<b>\$150.00</b>
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.

<p><u><i>B. Howard</i></u> SIGNATURE</p> <p>_____ PRINT NAME</p>	<p><u><i>B. Howard</i></u> SIGNATURE OF REPRESENTATIVE</p> <p>Bonnie Howard PRINT NAME</p>
DATE	DATE





## Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Qi Feng

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. Feng:

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 June 10, 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/meeting/register/tJc9f-mhqTguGNyc09MqVYIK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

9489 0090 0027 6226 3396 09

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

b. Review Application of Qi Feng. (For Possible Action)

Qi Feng was present; Wai Mei Borgel, Interpreter was present; Kirk Kennedy, Legal Counsel was present.

Executive Assistant, Tereza Van Horn - Ms. Feng's reflexology application is before you today due to potential criminal history that could not be approved administratively.

Ms. Feng was arrested in May of 2007 for promoting prostitution in Overland Park, Kansas. At the time of the arrest Ms. Feng had a city business license. Ms. Feng did not have a city massage therapy license. Charge was later dismissed. Ms. Feng 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(2)(6) and (9).

Teresa Lopez motioned to deny application based off NRS.640C.700(2)(6) and (9), seconded by Elisabeth Barnard. Motion carried unanimously.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6j

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Jialing Guo

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

### BACKGROUND INFORMATION:

Ms. Guo's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Guo was arrested in May 6, 2015 for prostitution in New York, New York. Charge was dismissed after the completion of required classes issued by court. Ms. Guo 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(2)(3)(6) & (9).

### ACTION:

- ☐ Approved
- ☐ Approved with Probation Term: \_\_\_\_\_
- ☐ Denied – NRS 640C. \_\_\_\_\_

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Jialing Guo arrests/charges:

Ms. Guo indicated on her application that she was arrested for prostitution and the case was dismissed. In requesting information from the applicant regarding the arrest, she provided a written statement and documents from the court in New York indicating a portion of what occurred. Ms. Guo offered and agreed to engage in sexual act of sexual intercourse with said undercover in exchange for a sum of \$250.00. By Ms. Guo own written narrative, she indicates she did not have a New York license to practice massage and she was arrested for prostitution.

A subpoena was sent to New York Police requesting supporting documents. We have not received any documents to date.

Background does not reflect arrest. New York documents from applicant indicate case is sealed.

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL200104091608

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ **Massage Therapist** ☐ **Structural Integration** ☐ **Reflexology**

### Applicant Name

**Last Name :** GUO

**First Name :** JIALING

**Middle Name :**



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

No record found.

### Mailing address :

**Street :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Date of Birth :**

**Place of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☐ Home ☒ Mailing ☐ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**



**notifications)**

☐ Yes ☒ No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

- ☒ Check here if you have never been licensed in any state jurisdiction.

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

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
AMO School NV	Las Vegas	2017 - 2019	500

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
OL200104091608-118061-Transcript.pdf	AMO SCHOOL-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	Las Vegas	12/07/2019

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
200104091608-117017-ScoreReportCard.jpg	MBLEX	Pass



## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☒ Yes ☐ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

Date of Charge	Law Enforcement Agency Detail	Charge	Disposition
05/06/2015	New York City Police Department	Prostitution	Dismissed

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** GUO

**First Name :** JIALING

**Middle Name :**

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 2/16/2020

**Submitting Agency :** Nevada State Board of Massage Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

**Military Occupation Speciality/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **JIALING GUO** certify that I am the person described and Identified In this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : JIALING GUO

Date : 2/16/2020

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Transcript	OL200104091608-118061-Transcript.pdf	AMO SCHOOL-TRANSCP	
Government Issued ID Card	200104091608-117390-Government-Issued-ID-Card.jpeg		
Certificate of Completion	200104091608-117389-Certificate-of-Completion.jpeg		
Photo	12889-117188-GUO, JIALING.jpeg		
Score Report Card	200104091608-117017-ScoreReportCard.jpg	MBLEX	
Social Security Card	OL200104084107-116695-Social-Security-Card.jpeg		
Government Issued ID Card	OL200104084107-116694-Government-Issued-ID-Card.jpeg		

#### Application Fees

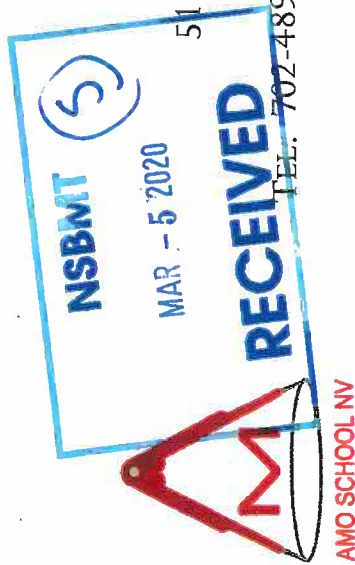
**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:



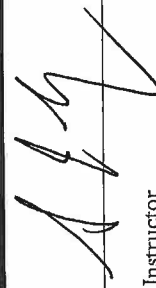
**AMONV.COM**  
 AMO SCHOOL NV  
 5115 SPRING MOUNTAIN ROAD #215  
 LAS VEGAS NV 89146  
 TEL: 702-489-8305 EMAIL: AMOSCHOOLNV@GMAIL.COM  
 HTTP://WWW.AMONV.COM



Name: **Jialing Guo** Student ID: **062487**

## Official Student Academic Transcript

Tuina Professional Massage Therapist Program 500 Hours				
SUBJECT	HOURS	TEST SCORE	GRADE	DATE
1. Anatomy & Physiology	100	82	B	01/29/2019
2. Traditional Chinese Medicine Oriental Anatomy & Physiology	25	86	B	01/29/2019
3. Massage Theory and History	125	75	C	01/29/2019
4. Pathology	40	81	B	01/29/2019
5. Professional Practice & Business Ethics	4 6	76	C	01/29/2019
6. Practicum	200	79	C	02/12/2019
<b>TOTALS</b>	<b>500</b>	<b>79.8</b>	<b>C</b>	<b>02/12/2019</b>

  
 Instructor

03/21/2017 - 02/12/2019

Date

  
 Director



# AMO School NV

NSBMT

MAR - 5 2020

RECEIVED

This Certifies That

**Jialing Guo**

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

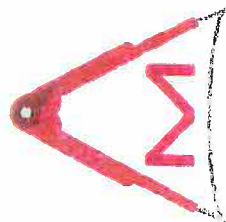


Instructor

03/21/2017 - 02/12/2019

Date

Director



AMO SCHOOL NV





**FSMTB**  
FEDERATION OF STATE  
MASSAGE THERAPY BOARDS

**MBLEx Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEx scores received on: 12-08-2019**

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Guo	Jialing			09-28-2018	1	Fail	English	AMO School
				06-27-2019	2	Fail	English	AMO School
				10-10-2019	3	Fail	English	AMO School
				12-07-2019	4	Pass	English	AMO School

**NSBMT**

DEC 09 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>

April 16, 2020

Jialing Guo

Re: DISPOSITION OF RECORD

Dear Ms. Guo,


In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome for the incident(s).
2. Dispositions from the court(s) you appeared at regarding the disclosed arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **08/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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  
Enclosed

COPY

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



May 4, 2020

Jialing Guo



Re: Disposition of Record

Nevada State Board of Massage Therapy  
1755 Plumb Lane Ste 252

Reno, NV 89502

Dear Nevada State Board of Massage Therapy,

The following is a response to the request for the written narrative describing the incident, the circumstances that led up to the incident and the outcome of the incident.

It was roughly a year after I came to the United States and also the 4th day on my job as massage therapist in New York, I was arrested by New York Police Department for prostitution.

Since I entered to the United States, I've worked in the kitchens, worked as a server, worked as supermarket cashier, and eventually got myself into massage therapy.

I was so scared and poor. I did not have much to survive let alone hiring an attorney. I was offered a public defender. As someone who is still very much "fresh off the boat", I did not know that providing massage requires a license especially when massage is considered as alternative/holistic healing which does not require a license in my country.

Further, I was charged for prostitution instead of practice without license. Which throughout the 4 days that I had worked, was the only thing that I had performed to others and not prostitution nor offer such activity.

The charge against me was ultimately dismissed after I had satisfied required classes. This incident traumatized me from even considering to practice for many years. As a result, I actually pursued a career in

cosmetology. I studied and acquired cosmetology license in New York. However, shortly after practicing cosmetology, I realized that I can no longer perform delicate tasks on clients. My hands shake way too much as a result of child abuse by my and domestic violence abuse by my late relationship.

Although I was advised multiple times that as an Asian woman with such serious charge on record would equate to almost zero chance of getting a massage license, I am always hopeful for a better future ahead. Thus, I had gone through massage trainings at the most reputable massage school (AMO School of Massage) in the Chinese community in Las Vegas, NV.

Due to light brain damage as a result of child abuse, I have difficulty learning. What may seem easy and ordinary for everyone, is not so easy for me. Everything takes longer. It takes repetition to learn. However, I was very determined to fulfill the basic requirements to become a licensed massage therapist. I had to study and take the test 4 times to pass the MBLEx. But I passed.

I understand getting a massage therapist license is similar to having a Driver's license; - It's a privilege, not right. I sincerely hope the board will give me an opportunity to make a honest living as a licensed massage therapist.

Thank you for your consideration.

Respectfully,

*Jialing Guo*

Jialing Guo



CRIMINAL COURT OF THE CITY OF NEW YORK  
COUNTY OF QUEENS

CERTIFICATE OF DISPOSITION  
NUMBER: 385344

THE PEOPLE OF THE STATE OF NEW YORK  
VS

GUO, JIALING  
Defendant

Date of Birth

Address

NYSID Number

City State Zip

05/06/2015  
Date of Arrest/Issue

Docket Number: 2015QN022564

Summons No:

PL 230.00 00 BM  
Arraignment Charges

Case Disposition Information:

<u>Date</u>	<u>Court Action</u>	<u>Judge</u>	<u>Part</u>
09/18/2015	ADJOURNED - CPL SECTION 170.55	ZOLL, J	AP8
03/17/2016	DISMISSED - CPL SECTION 170.55	KOENDERMAN, E	AP8

NO FEE CERTIFICATION

GOVERNMENT AGENCY COUNSEL ASSIGNED  
NO RECORD OF ATTORNEY READILY AVAILABLE. DEFENDANT STATES COUNSEL WAS ASSIGNED  
SOURCE ACCUSATORY INSTRUMENT DOCKET BOOK/CRIMS CRC3030[CRS963]

I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE RECORD ON FILE IN  
THIS COURT.

MCLAUGHIN, K  
COURT OFFICIAL SIGNATURE AND SEAL

08/15/2018  
DATE

FEE: NONE

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT  
SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)

NSBMT

MAY 7 2020

RECEIVED

SEALED

pursuant to Section 160.50 of the CPL

AFFI0640475632390

CRIMINAL COURT OF THE CITY OF NEW YORK  
PART APAR, COUNTY OF QUEENS

Q15623515

THE PEOPLE OF THE STATE OF NEW YORK

V.

GUO JIA LING (27Y)

DEFENDANT

STATE OF  
COUNTY C

2015QNO22564



DETECTIVE RENEE SMALL OF NARCOTICS BOROUGH QUEENS, TAX REG#: 911566,  
BEING DULY SWORN, DEPOSES AND SAYS THAT ON OR ABOUT MAY 6 2015 AT  
ABOUT 7:25PM, IN FRONT OF 137-30 REDDING STREET, COUNTY OF QUEENS,  
STATE OF NEW YORK, THE DEFENDANT COMMITTED THE OFFENSE OF:

PL 230.00 [BM] PROSTITUTION - (DNA SAMPLE REQUIRED UPON CONVICTION)

PL 230.00 [BM] PROSTITUTION - (DNA SAMPLE REQUIRED UPON CONVICTION)  
--- ENGAGE OR AGREE OR OFFER TO ENGAGE IN SEXUAL CONDUCT WITH  
ANOTHER PERSON IN RETURN FOR A FEE.

THE ABOVE OFFENSE WAS COMMITTED AS FOLLOWS:

DEPONENT STATES THAT HE IS INFORMED BY UNDERCOVER OFFICER, CO#167, THAT  
AT THE ABOVE MENTIONED DATE, TIME AND LOCATION OF OCCURRENCE THE  
DEFENDANT, GUO JIA LING, OFFERED AND AGREED TO ENGAGE IN THE SEXUAL  
ACT OF SEXUAL INTERCOURSE WITH SAID UNDERCOVER IN EXCHANGE FOR A SUM  
OF \$250.00 UNITED STATES CURRENCY.

FALSE STATEMENTS MADE IN THIS DOCUMENT ARE  
PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT  
TO SECTION 210.45 OF THE PENAL LAW

5/7/15 Det Renee Small  
DATE SIGNATURE

SWORN TO BEFORE ME ON THE  
DAY OF

NSBMT

MAY 7 2020

RECEIVED

DATE SIGNATURE



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Jialing Guo

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. Guo:

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 June 10, 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/meeting/register/tJc9f-mhgTguGNyc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3395 31



# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6k

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Joanna M. Iris

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

**BACKGROUND INFORMATION:**

Ms. Iris's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Iris was arrested on September 7, 2006 by New Orleans Police Department for Prostitution and April 4, 2008 for prostitution by Bossier City Police Department. Ms. Iris is requesting to be granted a license under NRS 640C.580 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(2)(9) or approve a probationary license for two (2) years with restrictions.

**ACTION:**

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C.\_\_\_\_\_
- ☐ Probation

**PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage thera
<input type="checkbox"/> M. Notify any change in address or phone number to th Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Joanna M. Iris arrests/charges:

8/11/1998 – Fraud-Insufficient funds check – Comanche, OK – Case – CRM-98-1306 – Term of imprisonment with execution of sentence suspended with fines of \$200.00, costs, fees and assessments as reflected by the Court Records and sentence of one (1) year probation with no violation of any city, State or Federal laws.

7/31/2006 – False Pret-Bogus check – Comanche, OK – Case - CM-2003-00028 – Fines of \$458.50 paid along with \$480.00 for supervision paid. Written statement provided

09/07/2006 – Prostitution – New Orleans, LA – Case M469429 – Nol Prossed – No records available due to cyber-attack on Police Department.

4/04/2008 – Prostitution – Bossier City, LA – Case C-163564 – Nol Prossed

Statement from Samuel L. Wyatt with Bossier City Police Department: On 4/3/2008 the vice unit opened a prostitution investigation in reference to online solicitation. Upon reviewing the ASPD.net I found a posting from "Wynterstark" stating that she was in the Shreveport area this weekend. I went to Wynterstark's website to view her services and prices. Wynterstark had the following services listed: 69 sex, blowjob, sex with two escorts, oral sex, hand job, and many others. Wynterstark had her prices listed in U.S dollars as the following: incall (you meet the girl at her place) - \$250.00, outcall (escorts come to your place) - \$350.00, touring rates for Shreveport – incall \$300.00/HR and outcall \$350.00/hr. I completed the screening information for wynterstark and requested to meet with her on 4/4/2008 at 9 pm. On 4/4/2008 at 9:37 am I received an email from Wynterstark stating that the screening was complete, and she would see me, and she requested 6 pm. I sent an email back stating that was to early and requested later. Wynterstark sent an email back to me asking if 7:30 pm was ok and I sent her an email back agreeing. I obtained room 309 at the Holiday Inn located at 2015 Old Minden Rd. I placed an electronic transmitting device in the room for officer safety. The surveillance team was stationed in the area and equipped with an electronic receiving device for the officer safety and to monitor the undercover operation. On 4/4/2004 at 1816 hrs, I received a call on my cell phone from Wynterstark from XX at which time she stated the following: It would be \$350.00 for her to come to my room, she will be there around 7:30 pm, she has many different sex ideas that she knows I will enjoy, she has a friend that could come name "Naughty Lana" that we could play with as well; for her and naughty Lana to come it would cost \$600.00; for her and naughty Lana would "Eat each other out and make me so sore that I could not walk tomorrow". I spoke with a female that was identified herself as "Naughty Lana" and she told me the website address to look up her pictures at XXX. I agreed to the price of \$600.00 and told her I would call them back to let them know what room I got. At 1935 hrs, I called Wynterstark back at XX and I advised her of my room number. At Approximately 2030 hrs, XX Rhodes (Wynter Stark) and Joanna Iris (Naught Lana) arrived at my room. Upon entering the room Ms. Rhodes locked the door. Ms. Rhodes then took all of her clothes off and laid on the bed closest to the door. I went to hand the six hundred dollars (all hundred-dollar bills) to Ms. Iris and she told me to place it on the dresser. I placed the money on the dresser and Ms. Iris began removing her shirt. Ms. Iris then stopped taking her shirt off and said that something did not feel right and she was leaving. Ms. Iris then stated that it was a mistake for them to come here. Ms. Rhodes then got dressed again. Ms. Rhodes to Ms. Iris that she had me screened and that I checked out. I gave the code word for the surveillance team to enter the room and I unlocked the



door for them. Once the room was secure, I identified myself to Ms. Rhodes and Ms. Iris and advised them they were being charged with prostitution.

Review of website – nothing can be located

Review of phone number through Spotlight – Discovered nothing

Review of email number through Spotlight – Discovered nothing

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL190608054485

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ **Message Therapist** ☐ **Structural Integration** ☐ **Reflexology**

### Applicant Name

**Last Name :** IRIS  
**First Name :** JOANNA  
**Middle Name :** M.



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

No record found.

### Mailing address :

**Street :**  
**City :** **State :** **Zip :**

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

**Street :**  
**City :** **State :** **Zip :**

**Social Security Number :** **Date of Birth :**  
**Place of Birth :** **Gender :** ☐ Male ☒ Female  
**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☐ Home ☒ Mailing ☐ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**

**notifications)**☐ Yes ☒ No**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☐ I am NOT SUBJECT to a court order for the support of a child.
- ☒ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
TX	MT130698	2018	09/27/2020

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Parker University School of Massage	Dallas	2018 - 2018	600
ISBE Hawaii	Honolulu	2011 - 2011	410

**Transcript(s)**


Document Name	User Defined Document Name	Document Link
OL190608054485-113314-Transcript.pdf	PARKER UNIVERSITY-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
Mblex	Bedford, Texas	08/30/2018

National Exam Status : Pass

Date Received : 06/12/2019

Score Report Received 

Document Name	User Defined Document Name	Document Status
OL190608054485-113236-ScoreReportCard.jpg	MBLEX	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information

Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** IRIS

**First Name :** JOANNA

**Middle Name :** MARIE

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 6/19/2019

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### **VETERAN**

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

**Have you ever served in the military:** ☒ Yes ☐ No

**Branch(es) of Service:** (Check all that apply)

- ☒ Army/Army Reserve  
☐ Marine Corps/Marine Corps Reserve  
☐ Navy/Navy Reserve  
☐ Air Force/Air Force Reserve  
☐ Coast Guard/Coast Guard Reserve  
☒ National Guard

**Military Occupation Speciality/Specialities:** 92a

**Date(s) of Service:** From 06/26/1996 To 08/04/2004

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### **Affidavit of Applicant / Authorization of Release**

I, **JOANNA IRIS** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Joanna Iris

Date : 6/19/2019

## Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Certified Statement	OL190608054485-113481-Certified-Statement.pdf	TX VERIF	
Transcript	OL190608054485-113314-Transcript.pdf	PARKER UNIVERSITY-TRANSCP	
Certificate of Completion	OL190608054485-113313-Certificate-of-Completion.pdf	PARKER UNIVERSITY-DIPL	
Score Report Card	OL190608054485-113236-ScoreReportCard.jpg	MBLEX	
Photo	12576-113207-IRIS, JOANNA.jpg		
Government Issued ID Card	OL190607060681-112874-Government-Issued-ID-Card.jpg		
Social Security Card	OL190607060681-112873-Social-Security-Card.jpg		
Current Massage License	OL190607060681-112872-Current-Massage-License.jpg		

## Application Fees

**All fees are non-refundable.**

### Fee Detail(s)

### Payment Detail(s)

Payment Method:  
Amount Paid:



ID : 109034

Name : Joanna Iris

SSN :

Address :

Parker University

2540 Walnut Hill Ln.

Dallas, TX 75229

## OFFICIAL TRANSCRIPT

CERTIFICATE Division

Advisors :

UNDERGRADUATE Division

Advisors :

Course Number	Title	CR	Type	Grade	Rpt	Att	Ernd	HGpa	Q.Pts	GPA
2017-2018 : Winter										

## Subterm : M- Massage Therapy

ANM -0101	Anatomy & Physiology	LT	A	5.00	5.00	5.00	5.00	20.00		
ANM -0102	Pathology for Massage Professional	LT	A	2.50	2.50	2.50	2.50	10.00		
BPM -0101	Business Practices & Prof Ethics I	LT	A	0.50	0.50	0.50	0.50	2.00		
BPM -0101	Human Health & Hygiene	LT	A	1.00	1.00	1.00	1.00	4.00		
BPM -0102	Nutrition	LT	A	0.50	0.50	0.50	0.50	2.00		
HYM -0101	Hydrotherapy	LT	A	1.00	1.00	1.00	1.00	4.00		
MTE -0101	Swedish Massage	LT	A	7.50	7.50	7.50	7.50	30.00		
Subterm Totals :										18.00 18.00 18.00 72.00 4.0000
Term Totals :										18.00 18.00 18.00 72.00 4.0000
Career Totals :										18.00 18.00 18.00 72.00 4.0000

## 2017-2018 : Summer

## Subterm : M- Massage Therapy

ANM -0201	Applied Anatomy & Kinesiology	LT	A	4.00	4.00	4.00	4.00	16.00		
BPM -0201	Business Practice & Prof Ethics II	LT	A	3.00	3.00	3.00	3.00	12.00		
INM -0201	Massage Therapy Intern Clinic	LT	A	2.00	2.00	2.00	2.00	8.00		
MFM -0201	Myofascial Therapy	LT	A	2.50	2.50	2.50	2.50	10.00		
MTM -0201	Neuromuscular Therapy	LT	A	2.50	2.50	2.50	2.50	10.00		
NEM -0201	Eastern Modalities	LT	A	2.00	2.00	2.00	2.00	8.00		
Subterm Totals :										16.00 16.00 16.00 64.00 4.0000
Term Totals :										16.00 16.00 16.00 64.00 4.0000
Career Totals :										34.00 34.00 34.00 136.00 4.0000
Division Career Totals :										34.00 34.00 34.00 136.00 4.0000

## Degree Information :

(1) 'CERTIFICATE' Date Conferred : 08/17/2018

Major(s)

Massage Therapy

Honor(s)

With Honors

Course Number	Title	CR	Type	Grade	Rpt	Att	Ernd	HGpa	Q.Pts	GPA
2017-2018 : Winter										

## ONISO-0002 ONLINE STUDENT ORIENTATION

Term Totals :	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	
Career Totals :	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	

## 2018-2019 : September

COSC-1301	INTRODUCTION TO COMPUTERS	LT	A	3.00	3.00	3.00	3.00	12.00		
ENGL-1301	COMPOSITION I	LT	B	3.00	3.00	3.00	3.00	9.00		
MATH-1314	COLLEGE ALGEBRA	LT	W	3.00	0.00	0.00	0.00	0.00		
MATH-1314	COLLEGE ALGEBRA	LT	C	3.00	3.00	3.00	3.00	6.00		
SPCH-1311	SPEECH COMMUNICATIONS	LT	W	3.00	0.00	0.00	0.00	0.00		
SPCH-1311	SPEECH COMMUNICATIONS	LT	A	3.00	3.00	3.00	3.00	12.00		

\*Grade change for ENGL 1301 from I to B on 10/10/18

\*Grade change for COSC 1301 from I to A on 11/16/18

\*Grade change for MATH-1314 from I to C on 01/02/19

\*Grade change for SPCH1311 from I to A on 1/9/19

Term Totals :	18.00	12.00	12.00	12.00	39.00	3.2500				
Career Totals :	18.00	12.00	12.00	12.00	39.00	3.2500				

## 2018-2019 : January

BIOL-2401	ANATOMY AND PHYSIOLOGY I	LT	C	4.00	4.00	4.00	4.00	8.00		
BIOL-2402	ANATOMY AND PHYSIOLOGY II	LT	C	4.00	4.00	4.00	4.00	8.00		
ENGL-2326	AMERICAN LITERATURE	LT	A	3.00	3.00	3.00	3.00	12.00		
PSYC-2301	GENERAL PSYCHOLOGY	LT	A	3.00	3.00	3.00	3.00	12.00		

\*\*\*Grade change from D to A for ENGL-2326 on 3/4/2019

Term Totals :	14.00	14.00	14.00	14.00	40.00	2.8500				
Career Totals :	32.00	26.00	26.00	26.00	79.00	3.0300				

Division Career Totals : 32.00 26.00 26.00 79.00 3.0300

## Degree Information :

(1) 'ASSOC OF APPLIED SCIENCES' Date Conferred : 04/28/2019

Major(s)

Massage Therapy - Associate

Honor(s)

With Honors

Andrea Repp  
Registrar



# Parker University


## School of Massage Therapy


We It Know That  
**Joanna Marie Tris**

Having satisfactorily completed the Course of Study as prescribed by this College  
and in accordance with Authority granted by the Texas Higher Education  
Coordinating Board is awarded the certificate for

**Massage Therapy**  
**With Honors**

In Witness Whereof, our signatures are hereto affixed this 17th day of August, in the year 2018.

  
President

  
Chair, Board of Trustees



  
Vice President, Registrar

  
Registrar

NSBMT

JUN 14 2019

S

RECEIVED

# Parker University

Greetings. Be it known to all  
whom these presents may come that

**Joanna Triz**

having completed the studies and satisfied  
the requirements for the degree of

## Associate of Applied Science Massage Therapy

has accordingly been awarded that degree with all Honors, Rights, Privileges, and Responsibilities  
pertaining thereto. Given under the seal of Parker University and the College of Health Sciences in the

State of Texas on the 28th day of April, in the year 2019.

With Honors

  
President

  
Chair, Board of Trustees



  
President, Registrar

  
Registrar

NSBMT

JUN 14 2019

RECEIVED



**MBLEX Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEX scores received on: 06-12-2019**

Last Name	First Name	Last four SS#	DOB	Exam Date	Attempt	Pass/Fail	Language	School
-----------	------------	---------------	-----	-----------	---------	-----------	----------	--------

Iris	Joanna			08-30-2018	1	Pass	English	Parker University - School of Massage Therapy
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# TEXAS DEPARTMENT OF LICENSING & REGULATION

Licensing Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 475-2871

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

JUNE 13, 2019

NEVADA STATE BOARD OF MASSAGE  
1755 E PLUMB LANE STE 252  
RENO NV 89502

## MASSAGE THERAPIST VERIFICATION

This is to verify that the below holds/held a valid license as a MASSAGE THERAPIST in the State of Texas.

**NAME:** JOANNA IRIS  
**LICENSE NUMBER:** MT130698  
**LICENSE TYPE:** MASSAGE THERAPIST  
**DATE OF ISSUANCE:** September 28, 2018  
**EXPIRATION DATE:** September 27, 2020

CAN JOANNA IRIS PRACTICE/OPERATE IN THE STATE OF TEXAS?

☒ YES ☐ NO

IS THIS CURRENT?

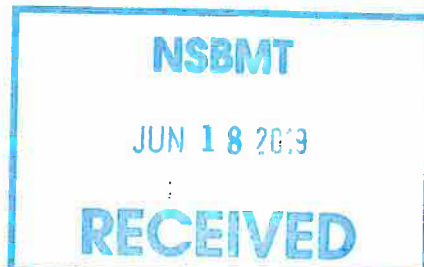
☒ YES ☐ NO ☐ YES, INACTIVE STATUS

HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST JOANNA IRIS ?

☐ YES ☒ NO

We encourage you to visit our website at <https://www.tdlr.texas.gov/mas/mas.htm> for frequently updated information, including rules, laws, publications and forms. Some licensing programs offer online verification free of charge. Please refer to the above website for more information.

Licensing Division



*Rick Figueroa, Chair – Brenham, Texas*

*Tom Butler, Vice-Chair - Deer Park, Texas*  
*Gerald R. Callas, M.D., F.A.S.A. - Beaumont, Texas*  
*Helen Callier - Kingwood, Texas*

*Nora Castañeda - Harlingen, Texas*  
*Joel Garza - Pearland, Texas*  
*Gary F. Wesson, D.D.S., M.S. - Bastrop, Texas*

# Massage Therapy

Joanna M. Iris  
Parker University

NV Required		Applicant
A&P W/ Kinesiology	125	$25 + 40 + 15 + 15 = 265$
Classroom W/ Clinic	220	$125 + 20 + 40 + 10 + 10 + 10 + 12 + 80 = 297$
Pathology	40	$12 + 20 = 32$
Business	20	$8 + 48 = 56$
Ethics	20	
Hands on	125	$125$
Total	550	$750$

$-125 = 172$

## Notes:

Accredited by COMPTA, Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), Accreditation

Council for Occupational Therapy Education (ACOTE) and Accreditation Council of Business Programs (ACBSP)

Associate-Massage Therapy education exceeds  
expect in pathology. Fulfills substantially similar  
approved education 430(3)

Date Reviewed:

1/30/20

ED Signature:

*[Signature]*





**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>

July 12, 2019

Joanna M. Iris

Re: DISPOSITION OF RECORD

Dear Ms. Iris,


In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the arrest dates. **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.

Your background check will expire on **01/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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  
Enclosed

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



**Nevada State Board of Massage Therapy**

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Phone (775) 687-9955

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

November 22, 2019

Joanna M. Iris

Re: Missing documents

Ms. Iris:

We are not able to process your Nevada massage application due to the following missing documents:

- 1.) Disposition
- 2.) Receipts for all fines/penalties
- 3.) Written narrative

Please provide all of the above information within 60 days of receipt of this letter or inform the Board of when you anticipate having everything compiled.

If you have any questions, please email our office 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

COPY

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



Hello Teresa

We just got off the phone, and you asked for details of the prostitution charges from 2009 and 2008. I guess the story leading up to that is in 2002, I did an adoption on my 3 year old daughter since I thought from the second Bogus Check charge I was going to jail, at least that is what I was told. I came from a very jacked up family and didn't trust anyone to treat my daughter with the love and stability she deserved. Needless to say after that I didn't realize or understand what it would do to me mentally and emotionally. I felt like my heart was missing, I knew what I did was best for my daughter and her growing up, however the pain I felt, I was prepared for and no one can prepare anyone for that feeling. I was bartending and met some women that were high end escorts and feeling a connection with them and a sense of belonging. I tried to fill that hole in my heart and yes I was a escort and exotic dancer with them. That leads me up to 2006

So 2006, I went to New Orleans for my birthday to meet a couple people to party in the French Quarter and celebrate. One of my, I thought was friends asked to set me up for an appointment. I didn't see the big deal, even though we were all drinking like a fish in water, I trusted the person. I showed up at the room in Holiday Inn in the French Quarter where I was arrested on the spot, as soon as I walked in and said hello. I was bailed out, hired an attorney and he had the charges dismissed, I never even had to step foot in court.

In 2008, a friend and I went to Bossier from Dallas, to go gambling and drink like sailors again, we were heading to the casino and she wanted to stop off and go to an appointment. I said sure Ill drive since I just bought a new hard top g-6 convertible, I wanted to let the top down and feel the wind in my hair. I drove to the hotel and walked her to the room to make sure she was safe. He invited us both in and I didn't want to, she asked again and I finally agreed. It seemed weird I asked her lets go and we went to go out the door and literally SWAT came in with guns drawn like something out of the movies, probably 5 to 7 officers loaded in tactical gear, telling us to get on the floor like we were some drug lords. I was pretty pissed off I was getting my damn steak to be honest. Went to jail, was bailed out in the morning, hired an attorney and had the charges dismissed without ever having to set foot in court.

After all that nonsense with both those women, I decided to walk away from that party hard drinking, drugs, stripping, escort lifestyle. We only get so many chances in life and I had military friends that were living in Hawaii. So I moved after the court proceedings were done, went back to bartending and that's when massage therapy found me, I was healed with LomiLomi by a co-worker. I don't know what he did, Doctors for 3 months had me on some hard core antibiotics and he offered to give me a LomiLomi session, he was local and his grandmother taught him, Lomi is typically passed down through the family as per traitional.

I went to school in Honolulu after that for massage therapy and my Kumu Shin-tao Kimura is who also taught me LomiLomi I believe saved my life, I stopped drinking, and dedicated myself to improving my quality of life and focus on the path of healing. Everything I have done since then is about giving back, educating myself, learning higher skills and techniques with a wide variety of modalities.

I guess the bottom line is I changed my life from then and it was the best choice I ever made. I also reconnected with my daughter this year. She strong, beautiful and I know my choice was the best thing for her having stability and a healthiest life she could have.

Nevada State Board of Massage Therapy,

To whomever reads this, Im not exactly sure what written narrative you need or desire since it was not defined. Any written narrative the courts would provide are as what I received from them directly. I have paid for the dispositions from both the states, all fines and court costs have been listed for both the convictions of bogus check in Comanche county. Both the charges from crimes against nature in Louisiana were dismissed.

If you want a written narrative from me, basically I used to run with escorts and exotic dancers after I gave up my daughter for adoption in 2002 since I thought I was going to jail for that second bogus check charge. I was a single mom, working and just wanted to put food on the table. I didn't mean for the check to bounce and I thought my paycheck would get there before the check would. My fault entirely and I also stopped writing checks. That's the truth I changed my life in 2008 after driving my so called friend Farrah to her appointment in Bossier and we were arrested. I didn't want that life any longer and saw it was nothing but trouble. It wasn't a lifestyle I was proud of and I wanted to be proud of my life when my daughter came back into it.

I put forth deep and lasting effort to maintaining my changed lifestyle and when I moved to Hawaii in 2010, massage therapy helped me and got me out of drinking and bartending into a holistic lifestyle. I feel massage therapy saved me in ways I can't even fathom or explain by writing word.

I have since graduated from Massage Therapy school, not just once, but twice, once in Honolulu 2011, and again in 2018 at Parker University where I continued to achieve my Associates degree and maintain a 3.569 GPA. I have kept my nose clean since 2008, my record attests to that, so does my school transcripts and everything else in my life. I cut out things that no longer serve me in a positive manner and I continue to grow, to learn, to receive education. If I was to send certifications that I have put forth effort in achieving, there would be a very long list, a lot of clinical and therapeutic modalities as well.

I have a few employers waiting as long as they can for myself to receive my license there, even though it has taken me awhile to send this in return. To be honest, I was kinda scared, would people I dont even know judge me as the person I haven't even been in almost 12 years, or would these people actually see and acknowledge the changes I have made and continue to make in my life. Would these people see me, the real me.... I have to admit its kinda scary to be judged on things that are irrelevant today.

Who knows, this is in the boards hands, I want more in my life, wherever that takes me, I will continue to improve, to achieve greater things and help others improve their quality of life.

Thank you for your time and patience,

Joanna Iris





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

February 21, 2020

Joanna M. Iris

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. Iris:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

**Las Vegas Location**  
Grant Sawyer Building  
555 E. Washington Ave, Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Counsel Bureau  
401 S. Carson Street, Room 2135  
Carson City, NV 89701

Please bring a valid form of photo identification to the meeting. You may attend at either location. 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,

A handwritten signature in blue ink, appearing to read "Sandra J. Anderson", is written over the word "Sincerely,".

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6154 3560 44



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

February 24, 2020

Joanna M. Iris

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. Iris:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

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Sincerely,

  
Sandra J. Anderson  
Executive Director

9489 0090 0027 6154 3561 74



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February 24, 2020

Joanna M. Iris



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Sincerely,

A blue ink signature of Sandra J. Anderson.  
Sandra J. Anderson  
Executive Director

COPY

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NV ST BD of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502

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**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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



February 24, 2020

Joanna M. Iris

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Sandra J. Anderson  
Executive Director

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NV ST BD of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502



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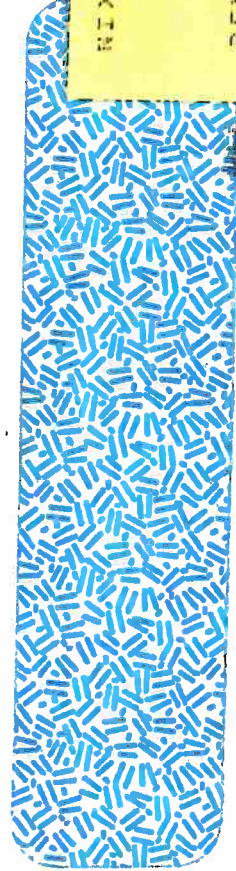


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## **Tereza Van Horn**

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**From:** Tereza Van Horn  
**Sent:** Monday, March 16, 2020 12:05 PM  
**To:**  
**Subject:** Board Meeting March 25, 2020  
  
**Importance:** High

Ms. Iris,

Due to the recent closure of all non-essential State offices and the request of the Legislature Buildings, our meeting for March 25, 2020 has been cancelled.

We will notify you of a meeting in the future.

Please respond to this email confirming you have been notified.

Tereza Van Horn  
Executive Assistant/Management Analyst II  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
(775) 687-9953  
tvanhorn@lmt.nv.gov

## Tereza Van Horn

---

**From:**  
**Sent:** Monday, March 16, 2020 2:59 PM  
**To:** Tereza Van Horn  
**Subject:** Re: Board Meeting March 25, 2020

I understand what going on however. Why cant everyone just do it Via Skype or webcam? Its pretty safe that way and work still gets accomplished.

Joanna

On Mon, Mar 16, 2020 at 12:04 PM Tereza Van Horn <[tvanhorn@lmt.nv.gov](mailto:tvanhorn@lmt.nv.gov)> wrote:

Ms. Iris,

Due to the recent closure of all non-essential State offices and the request of the Legislature Buildings, our meeting for March 25, 2020 has been cancelled.

We will notify you of a meeting in the future.

Please respond to this email confirming you have been notified.

Tereza Van Horn

Executive Assistant/Management Analyst II

Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

(775) 687-9953

[tvanhorn@lmt.nv.gov](mailto:tvanhorn@lmt.nv.gov)

## Tereza Van Horn

---

**From:** Sandy J. Anderson  
**Sent:** Tuesday, April 14, 2020 4:16 PM  
**To:** Tereza Van Horn  
**Subject:** FW: Update for Nevada Licensees - COVID-19

**Follow Up Flag:** Flag for follow up  
**Flag Status:** Flagged

Tereza,

Please add to the Board packet for Ms. Iris.

Thank you,  
Sandy

**From:**  
**Sent:** Wednesday, April 8, 2020 11:34 AM  
**To:** Sandy J. Anderson <[sjanderson@lmt.nv.gov](mailto:sjanderson@lmt.nv.gov)>  
**Subject:** Re: Update for Nevada Licensees - COVID-19

Please do, seeing as I am not within the guidelines for having to go up to the board and refusal of my license, this is a violation of my rights and a violation of the regulations as you guys have stated in, **NRS 640C.700 Grounds for refusal to issue license or for disciplinary action.**

I would assume that everyone on the board and in this department wouldn't want this type of violation on their conscious, I would assume that this Department and Board of Massage wants to maintain regulations with the utmost integrity. I am sure no one in the Massage Board wants that reputation tarnished either. Massage Therapists have to maintain an deeply ethical standing don't we all now. Which includes abiding by the regulations the board as put into place.

I am sure you guys will do the honorable thing and fix this oversight on my behalf so my rights are no longer being violated.

Thank You,  
Joanna Iris

On Wed, Apr 8, 2020 at 10:34 AM Sandy J. Anderson <[sjanderson@lmt.nv.gov](mailto:sjanderson@lmt.nv.gov)> wrote:

We are all working remotely. I will review the file again the next time I am in the office.

Sandy

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From:  
Date: 4/8/20 10:04 AM (GMT-08:00)  
To: "Sandy J. Anderson" <[sjanderson@lmt.nv.gov](mailto:sjanderson@lmt.nv.gov)>  
Subject: Re: Update for Nevada Licensees - COVID-19

I have never done anything illegal during the course of my massage career, I went to massage school in 2011 back in Hawaii and even before that I haven't done anything illegal or been disciplined. My going up to the board is a waste of tax payers money and my licenses should of been granted back in January. Seeing as I do not follow under any of the regulations for this matter.

I believe you may want to look back over my application as I have been a very much law abiding citizen and have held my massage career in the utmost highest regard. Dismissed charges means I have not been convicted and the government offices didn't even want to bother with extorting tax payers money to mess with me.

That means no conviction so why am I being held accountable for dismissed charges 12 and 14 years ago?

This makes no sense and isn't in accordance with the Regulations

Joanna Iris

On Wed, Apr 8, 2020 at 9:57 AM

Well I have not been convicted of any crimes listed there... My dismissed charges were from 12 and 14 years ago, seems kinda ridiculous to be put on trial for something the government already dropped. I'll look up the statutes and see what the regulations are.

On Wed, Apr 8, 2020 at 9:51 AM Sandy J. Anderson <[sjanderson@lmt.nv.gov](mailto:sjanderson@lmt.nv.gov)> wrote:

Joanna,

The statutes are NRS 640C.580 and NRS 640C.700. The Board has granted authority to the Executive Director to process all applications; however, if there is a violation of anything in the chapter then the application, must come before the Board for review.

The Board addresses each individual on a case-by-case basis. Your application will be reviewed by the Board, and you will have the opportunity to share your perspective and explain to them anything you would like to help them make their decision.

Sadly, due to COVID-19 these types of public meetings have been cancelled. The next scheduled meeting is June 10, 2020. You will receive notice 21 business days prior to the meeting which will include the time and location.

Sandy Anderson  
Executive Director

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From:

Date: 4/8/20 7:56 AM (GMT-08:00)

To: "Sandy J. Anderson" <[sjanderson@lmt.nv.gov](mailto:sjanderson@lmt.nv.gov)>

Subject: Re: Update for Nevada Licensees - COVID-19

To whom I may concern,

I would like to know where in the NRS does it have the regulations stated for people who have been convicted of a crime and what the rules consist of in detail please. I have been having a difficulty finding it as I do not see it listed or in anything that I have read and I know by law you guys are required to provide such regulations when asked for them.

Thank you Kindly  
Joanna Iris

On Sat, Apr 4, 2020 at 11:17 AM Nevada State Board of Massage Therapy <[noreply@nvmessagebd.com](mailto:noreply@nvmessagebd.com)> wrote:

What the latest directives mean for you!

On March 31, 2020 the Governor issued Declaration of Emergency Directive 20-009. The Board currently is processing renewals within the normal 15 business day time period and mailing new licenses within the 45 day time period; therefore, we will not be utilizing the 90 day extension unless reduced staffing during the state of emergency makes timely renewal of the license impractical or impossible.

Additionally 20-009 allows for businesses that have a business license that expires during the state of emergency there is now a 60-day grace period. Please verify with the appropriate agency or municipality that you are included in the 60-day grace period. As the directive reads this would include the annual renewal of your State Business License through the Office of the Secretary of State, but it may include other business licenses as well if they are on an annual renewal basis.

April 1, 2020 the Governor issued Declaration of Emergency Directive 20-010 addressing staying at home through April 30, 2020. This directive extends the time frame for discontinuation of all non-essential functions. Massage therapy, reflexology, and structural integration are all non-essential functions. The only individuals that may provide massage therapy during this state of emergency are licensed physical therapists. The Governor has authorized the issuance of citations to individuals who violate this order and continue to practice. Additionally, the Attorney General's Office will be prosecuting cases of non-compliance. Failure to comply may result in a fine of up to \$5,000 per offense.

This virus is highly contagious and very dangerous for those with preexisting conditions as well as for some individuals with no preexisting conditions. The President and the Governor are asking for your compliance with assisting in protecting the health safety and welfare of the public in general. We understand this is a financial hardship for many; however, people's lives depend on you complying and protecting everyone.

Social distancing also has been extended through April 30, 2020. This means that you are to maintain a minimum of 6 feet distance between you and any other person not residing in your place of residence. If you are outside getting some fresh air and sunshine, you must still comply with the social distancing.

We know all of you know the importance of washing your hands before and after every client, but now more than ever how important it is to wash them even more frequently in your own home.

If you have any questions we may be reached at [sjanderson@lmt.nv.gov](mailto:sjanderson@lmt.nv.gov) or 775.276.3660.



Diane Huleva, Chair  
Sandy Anderson, Executive Director

This email was sent to \_\_\_\_\_ . If you are no longer interested you can [unsubscribe instantly](#).



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Joanna M. Iris

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. Iris:

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 June 10, 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/join/zoom/register/tlcaf-mhqTguGNYc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860


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

9489 0090 0027 6226 3396 47

COPY

# NEVADA STATE BOARD OF MASSAGE THERAPY

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6I

## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Megan R. Jackson  
**REVIEW UNDER:** NRS 640C.700

### BACKGROUND INFORMATION:

Ms. Jackson's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Jackson was arrested on December 31, 2013 by Evansville Police Department for DUI and on February 4, 2018 by Newburgh Police Department for Battery on an officer (vehicle) and possession of paraphernalia. Ms. Jackson is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to approve a probationary license for two (2) years with restrictions.

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Megan R. Jackson arrests/charges:

12/31/2013 – DUI – Evansville, IN – Ms. Jackson was found guilty and given a 6-month probation term. No additional information provided by Ms. Jackson.

2/4/2018 – Battery on an officer (vehicle) and possession of paraphernalia – Newburgh, IN – Ms. Jackson was found guilty and was given 12-month probation. Probation was successfully completed.

Payment history report provided by Ms. Jackson. A written narrative was provided by Ms. Jackson; however, it is written in the words of a third party, not in her own words as requested.

Prepared by Tereza Van Horn, Executive Assistant



DEC 23 2019



# 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 Jackson First Megan Middle Initial R

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

Residence address (do not list post office boxes or mailbox drop addresses):

Street \_\_\_\_\_ 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: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Gender:

Male ☐

Female ☒

Business Name:

Megan R Jackson

Business Address:

Street same as residence City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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
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### Section 3 Licensure Information

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

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)
Indiana	MT 21706041	2017	05/15/2021

### 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
Bodyworks Massage Institute	Evansville IN	2013 - 2014	700

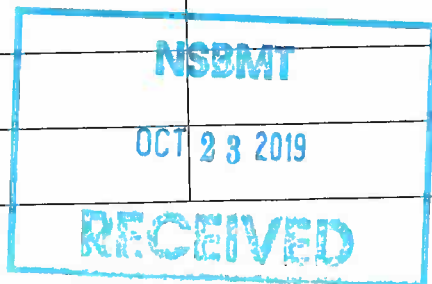
### Section 5 National Exam Information

☒ 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)
Evansville IN	09/20/2014	





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"/>	<p>1. Have you <b>ever</b> had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: <b>(*required)</b></p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>3. Are you currently or have you <b>ever</b> been required to register as a Sex Offender? (Tier I, II or III)</p> <p>If so, please explain (Use additional paper if necessary) _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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:</p> <p>(a) Made sexual advances toward the person;</p> <p>(b) Requested sexual favors from the person; or</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: <b>(*required)</b></p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p>

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: 9/27/19

State of Nevada County of Clark

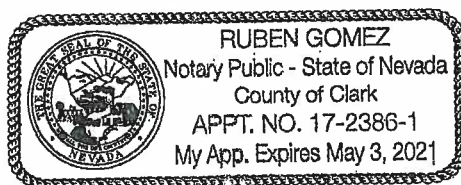
Signed and sworn to before me this 21<sup>st</sup> day of October 2019

Megon R. Jackson, who personally appeared before me.

*[Signature]*  
Notary Public Signature

5/3/2021  
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

Fax (775) 786-4264

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.



NSBMT

OCT 23 2019

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Nevada Department of  
Public Safety

NSBMT

SEP 30 2019

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## FINGERPRINT BACKGROUND WAIVER

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

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

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

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

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

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

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

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

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

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

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

Applicant's Name: Jackson, Megan R  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Applicant's Signature: [Signature]Date: 9/27/19

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham

Signature: [Signature]Date: 12/9/19



2809 Lincoln Ave., Suite 110  
Evansville, IN 47714  
812-490-9009 bwmassage.com

**Bodyworks Massage Institute  
700-Hour Massage Therapy Training Program**

**Transcript**

Name: Megan Jackson  
Address:  
SSN:  
DOB:  
Date Enrolled: September 2013  
Date Graduated: June 2014

***ALL HOURS ARE CLASSROOM HOURS***

<b><u>Anatomy, Physiology, and Kinesiology 175.5 hrs</u></b> General knowledge of anatomy and physiology including structure and function of cells, tissues and membranes, skeletal, muscular, integumentary, nervous, endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary, and reproductive systems, muscles, muscle movement, nerves, connective tissue, joints, and biomechanics.	
<b>Anatomy and Physiology 115.5 hrs</b>	93%
<b>Pathology 40 hrs</b>	93%
<b>Kinesiology 20 hrs</b>	93%
<b><u>Massage Theory and Practice 524.5 hrs</u></b> Assessment, body mechanics, massage therapy and bodywork modalities including Swedish, Deep Tissue, Sports, Geriatric, Pre-Natal and Infant Massage, Muscle Energy Techniques (PNF), Trigger Point Therapy, Meridian Pathways, Acupressure, Reflexology, Hydrotherapy.	
<b>Massage Theory and Practice 358.5 hrs</b>	99%
<b>Student Massage Clinics 112 hrs</b>	100%
<b>Ethics &amp; Professionalism 16 hrs</b>	96%
<b>Attendance</b>	93%



Cecile Martin, Director

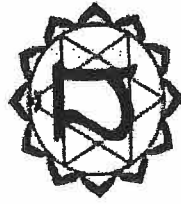
Date 8.22.19

Sent to State of Nevada



(front and back)

Seal



# BODYWORKS MASSAGE INSTITUTE

This Certifies That

*Megan Jackson*

has successfully completed requirements for the 700-Hour Professional Massage Therapy Program  
including Theory and Practice of Therapeutic Massage, Anatomy and Physiology, Muscle Kinesiology,  
Hydrotherapy, Ethics and Professionalism, and is hereby awarded this

*Diploma*

**Dated: June 2014**

*Cecile Martin*

Cecile Martin is President and Director  
of Bodyworks Massage Institute, an Indiana Workforce  
Development Council accredited institution and a division of Heart, Inc.







## MBLEX Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEX scores received on: 08-27-2019  
Last Name First Name Last four SS# DOB

Exam Date Attempt Pass/Fail Language School

Jackson	Megan	09-20-2014	1	Pass	English	Bodyworks Massage Institute
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Page 1 / 7

NSBMT

AUG 27 2019

RECEIVED



## STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency  
402 W. Washington St. Room W072  
Indianapolis, IN 46204  
Phone: (317) 232-2960  
Fax: (317) 233-4236

### Digitally Certified Proof of Licensure

RE: Megan renee Jackson

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to  
<https://secure.in.gov/apps/pla/search/verify/>  
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

*Deborah J. Frye*

Deborah J. Frye, Executive Director  
Sat Nov 23 01:42:13 PM EST 2019





# STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency  
402 W. Washington St. Room W072  
Indianapolis, IN 46204  
Phone: (317) 232-2960  
Fax: (317) 233-4236

## Official Proof of Licensure Digitally Certified Record

### Personal Information

Name: Megan renee Jackson  
Address: [REDACTED]  
Date of Birth: [REDACTED]

### License Information

Number Issued: MT21706041  
License Type: Massage Therapist  
Status: Active  
Issue date: 03/06/2017  
Expiration Date: 05/15/2021  
Obtained By: Examination

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at [www.in.gov/pla/3119.htm](http://www.in.gov/pla/3119.htm). Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Sat Nov 23 01:42:13 PM EST 2019

NSBMT

NOV 27 2019

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## State of Indiana

**Name:** Megan renee Jackson

**City/State/Zip:** Evansville IN 47714  
**County:** Vanderburgh

<b>Lic #:</b>	MT21706041	<b>Profession:</b>	Massage Therapy Board	<b>Type:</b>	Massage Therapist	<b>Secondary:</b>	
<b>Status:</b>	Active	<b>Issued:</b>	3/6/2017	<b>Expiration:</b>	5/15/2021		
<b>Method:</b>	Examination						

No Related Licenses

No Public Documents Available





**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>

December 9, 2019

Megan R. Jackson

Re: DISPOSITION OF RECORD

Dear Ms. Jackson,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Your background check will expire on **04/30/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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

NSBMT

JAN 16 2020

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Nevada State Board of Massage Therapy  
Disposition of Record: Written Narrative  
Occurrence: 2-4-2018  
Megan Renee Jackson

Around midnight February 2, 2018 Megan Jackson rides passenger, being driven home by \_\_\_\_\_ to \_\_\_\_\_ Newburgh IN (Warrick County). \_\_\_\_\_ on Washington Street turns down \_\_\_\_\_ Street to reach a stop sign intersecting with Jefferson. This stop sign is where a two-way ends and a one-way begins on Main.

Jackson-home at \_\_\_\_\_ was 3 houses down from the Jefferson intersection. ~~having never driven in downtown Newburgh proceeds through the intersection down~~ Main where the one-way begins. Red, white, and blue lights cover the rear-view mirrors and \_\_\_\_\_ pulls into the drive-way, located between Jackson-home and the fourth home down Main.

Officer Timothy Huber approaches driver side window, "Is there a reason you went the wrong way down a one-way?". \_\_\_\_\_ hesitant refrains from answering and Jackson responds "my friend was confused, my house is right there sir". Huber immediately exclaims he was not speaking to the passenger and she should refrain from response.

Huber opens driver door, removes \_\_\_\_\_ from vehicle and without explanation places her in handcuffs. He then walks her to the front of her vehicle and asks her to stand. Confused and concerned Jackson acquires her cellular device and begins to record video and audio.

Huber approaches Jackson and opens the passenger door. Considering it a courtesy, she informs the officer she is recording for her safety and begins to question the reasoning behind being detained for a traffic violation. Officer ignores questioning, confiscates phone and ~~throws it at the floorboard. Jackson now in handcuffs is asked to join~~ in front of her vehicle.

It is pouring rain, and Huber insists both subjects to sit on the ground until back-up arrives. A couple minutes go by and a second law enforcement officer arrives to assist.

\_\_\_\_\_ remains seated and quiet as requested. Confused Jackson, continues efforts to speak to the officers regarding their charges and arrest. Huber explains subjects are being detained for his safety.

Huber instructs back-up officer to obtain \_\_\_\_\_ who is then escorted and placed inside second police car. First Officer Huber then lifts Jackson off the ground to be escorted to his vehicle. Jackson still confused by the escalation of events begins questioning her charges



while Huber escorts her to his vehicle. Being placed in the back seat behind passenger side, Huber utilizing the same response explains this placement and escalation is for his safety. Upon shutting the back door of his vehicle, Jackson kicks the door open demanding an explanation saying "Sir?!".

Huber grabs up Jackson tosses her across the back seat and slams the back door. Speaking to second officer Huber exclaims "she wasn't going to jail, she is now".

Upon search officers locate a smoking piece, belonging to \_\_\_\_\_ containing residue, but no illegal substances. Both \_\_\_\_\_ and Jackson were sentenced to jail. The vehicle was impounded.

\_\_\_\_\_ was charged with possession of paraphernalia, she accepted a plea through a community lawyer, faced probation and performed numerous hours of community service a few months following the incident.

Jackson was accused of Assault to an Officer with bodily injury. Jackson acquired an Attorney Jared Thomas and proceeded to fight the charges for almost a year following the event. Jackson and Attorney acquired police cam footage, her personal recording, and requested a medical report of the officer claiming injury.

Acquiring cam footage proved two things. The event escalated quickly following a traffic violation, and the back door was kicked open upon Jackson's arrest ("detainment").

The evidence of the aggressive act behind kicking the back door open was enough for a judge to approve the Assault charge. However, no actual assault to officer Huber could be proven, and upon requesting medical documents, none could be provided by Huber claiming the event of Hospitalization and stitches of February 2, 2018.

\_\_\_\_\_ and Jackson stood trial for almost a year following the charges. The Judge dropped the Felony and agreed to a pending Misdemeanor. With one year of good behavior and probation, Jackson will only receive a misdemeanor on record and the Felony does not exist nor could be solidified.

March 4, 2020 Probationary period for Jackson will end and the record will be dismissed as only proceeding a Misdemeanor.

Jackson currently lives in Nevada and her sentencing and probation is in Indiana. She was released in August 2019 for good behavior to continue her probationary period in Nevada.

**NSBMT**

**JAN 16 2020**

**RECEIVED**

**WARRICK COUNTY COURT SERVICES PROGRAM  
CSAP PROBATION DEPARTMENT**

166 West State Route 62  
Boonville, IN 47601  
Phone: (812) 897-3001  
Fax: (812) 897-3026



DATE: January 28, 2020

RE: Megan Jackson

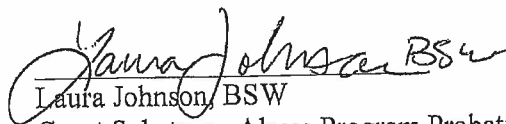
Cause #87D01-1802-F5-000064

To Whom It May Concern:

Ms. Jackson was convicted of Battery Against a Public Safety, Class A Misdemeanor. She has been compliant with her probation term, which started 3/11/2019. Her fees have been paid in full and she is scheduled to complete probation on 3/11/2020.

Any questions, I can be reached at (812)897-3001, Monday-Friday from 8:30 a.m. to 4:00 p.m.

Sincerely,

  
Laura Johnson, BSW  
Court Substance Abuse Program Probation Officer

**NSBMT**

**FEB 12 2020**

**RECEIVED**

# PAYMENT HISTORY REPORT

PAYMENT HISTORY FOR D118F564: MEGAN RENEE JACKSON

BUS DATE	RECEIPT V	RECEIPT TOTAL	CATEGORY	PAYEE	CATEGORY AMOUNT
4/26/2019	-149987029	\$1,000.00	CASH		
			COURT COSTS - STATE		\$84.00
			COURT COSTS - COUNTY		\$36.00
			LAW ENFORCEMENT CONT ED		\$4.00
			BONDS	( EXCESS )	\$170.00
			JURY FEE		\$2.00
			DOCUMENT STORAGE FEE		\$5.00
			AUTO RECORD KEEP-ST.		\$20.00
			ADMIN. FEE-ADULT		\$50.00
			ADULT PROB. USERS' FEE		\$170.00
			JUDICIAL INSURANCE FEE		\$1.00
			DNA SAMPLE PROCESSING FEE		\$3.00
			COURT ADMINISTRATION FEE		\$5.00
			JUDICIAL SALARY FEE		\$20.00
			PUBLIC DEFENSE ADMIN. FEE		\$5.00
			PROGRAM FEE (C.S.A.P.)		\$425.00
7/8/2019	-149986271	(\$170.00)	CASH		
			BONDS	( EXCESS )	(\$170.00)
7/8/2019	-149986270	\$170.00	CASH		
			BONDS	( EXCESS )	\$70.00
			PROGRAM FEE (C.S.A.P.)		\$100.00
10/7/2019	-99969560	\$125.00	CREDIT CARD		
			PROGRAM FEE (C.S.A.P.)		\$125.00

## JUDGMENT SUMMARY

### JUDGMENT AND BALANCE DUE:

COURT COSTS - STATE  
 COURT COSTS - COUNTY  
 LAW ENFORCEMENT CONT ED  
 JURY FEE  
 DOCUMENT STORAGE FEE  
 AUTO RECORD KEEP-ST.  
 ADMIN. FEE-ADULT  
 ADULT PROB. USERS' FEE  
 JUDICIAL INSURANCE FEE  
 DNA SAMPLE PROCESSING FEE  
 COURT ADMINISTRATION FEE  
 JUDICIAL SALARY FEE  
 PUBLIC DEFENSE ADMIN. FEE

### Assessed:

### Payments:

### Remaining Due:

\$84.00	\$84.00	
\$36.00	\$36.00	
\$4.00	\$4.00	
\$2.00	\$2.00	
\$5.00	\$5.00	
\$20.00	\$20.00	
\$50.00	\$50.00	
\$170.00	\$170.00	
\$1.00	\$1.00	
\$3.00	\$3.00	
\$5.00	\$5.00	
\$20.00	\$20.00	
\$5.00	\$5.00	
\$405.00	\$405.00	\$0.00

\$405.00      \$405.00      \$0.00 JUDGMENT DUE

### BALANCE DUE SUMMARY

CARRIED FROM 'JUDGMENT AND BAL DUE'  
 ADDL BALANCE DUE (NON-JUDGMENT):  
 PROGRAM FEE (C.S.A.P.)

\$405.00	\$405.00	\$0.00
\$650.00	\$650.00	
\$1,055.00	\$1,055.00	\$0.00 BALANCE DUE

### OTHER:

BONDS      \$0.00      \$70.00



**CHRONOLOGICAL CASE SUMMARY  
CRIMINAL, WARRICK SUPERIOR COURT NO. 1****FOR CAUSE NO: 87D01-1802-F5-000064  
STATE OF INDIANA VS MEGAN RENEE JACKSON  
HONORABLE J. ZACH WINSETT****ACTION: LEVEL 5 FELONY****DATE FILED: 2/7/2018  
ORIG FILE DATE: 2/7/2018****ENTRY/FEE BOOK: PAGE: 18-30061**  
**BOOK: 0 PAGE: 0**  
**BOOK: 0 PAGE: 0****OFFENSES**

**CT I: 2/4/2018**  
35-42-2-1(c)(1): BATTERY RESULTING IN BODILY INJURY TO A PUBLIC SAFETY OFFICIAL  
LEVEL 5 FELONY  
\*\*\*AMENDED 2/4/2019  
35-42-2-1(c)(1): BATTERY AGAINST A PUBLIC SAFETY OFFICIAL  
LEVEL 6 FELONY  
\*\*\*CONVICTED OF:  
CLASS 6 FELONY  
35-42-2-1(c)(1): BATTERY AGAINST A PUBLIC SAFETY  
REDUCED TO A-MISDEMEANOR  
COURT FINDING: FINDING OF GUILTY

**CT II: 2/4/2018**  
35-48-4-8.3(b)(1): POSSESSION OF PARAPHERNALIA  
CLASS C MISDEMEANOR  
COURT FINDING: DISMISSED

**PARTY INFORMATION****ATTORNEYS**

MJP-PA MICHAEL PERRY  
WARRICK COUNTY PROSECUTOR  
ONE COUNTY SQ, SUITE 180  
BOONVILLE IN 47601  
Ph: 812-897-6199  
Fax: 812-897-6198  
criminaldivision@warrickprosecutor.org

**PARTIES**

**PLAINTIFF**  
STATE OF INDIANA

**NSBMT****FEB 12 2020****RECEIVED**

30164-64 JARED M THOMAS  
111 SE 3RD STREET  
SUITE 200  
EVANSVILLE IN 47708  
Ph: 812-492-1900  
Fax: 812-492-1902  
jmt@jmthomaslegal.com

**DEFENDANT**  
MEGAN R JACKSON  
312 W MAIN ST  
NEWBURGH IN 47630  
W/F/BRO HA/BLU EYES/5'2"/127LB  
DOB: 3/23/1992, AGE: 27


**FINANCIAL INFO****PAYOR: MEGAN JACKSON**

\$84.00 COURT COSTS - STATE  
\$36.00 COURT COSTS - COUNTY  
\$4.00 LAW ENFORCEMENT CONT ED  
\$2.00 JURY FEE  
\$5.00 DOCUMENT STORAGE FEE  
\$20.00 AUTO RECORD KEEP-ST.  
\$50.00 ADMIN. FEE-ADULT  
\$170.00 ADULT PROB. USERS' FEE

\$1.00 JUDICIAL INSURANCE FEE  
 \$3.00 DNA SAMPLE PROCESSING FEE  
 \$5.00 COURT ADMINISTRATION FEE  
 \$20.00 JUDICIAL SALARY FEE  
 \$5.00 PUBLIC DEFENSE ADMIN. FEE  
 \$650.00 PROGRAM FEE (C.S.A.P.)

\$1,055.00 TOTAL

## CHRONOLOGICAL SUMMARY OF FILINGS AND PROCEEDINGS

Case Images 

02/07/2018	Notice: N Information, PCA and Appearance filed.(bg) Banded together W/87D01-1802-CM-230. Per Judges request. hel	Input: 02/07/2018 RJO: N
02/07/2018	Warrick County Sheriff Bond Out Sheet received from the jail 2/5/18. Bond out sheet indicates appearance for 2/12/18.(bg)	Notice: N Input: 02/07/2018 RJO: N
02/07/2018	State files INFORMATION and AFFIDAVIT OF PROBABLE CAUSE FOR ARREST AND DETENTION WITHOUT WARRANT. (tls)	Notice: N Input: 02/08/2018 RJO: N
02/07/2018	02/04/2018: The Court, having examined the probable cause affidavit, finds probable cause did exist for the arrest of the Defendant for all charges. Court sets bond in the sum of \$10,000 surety / \$1,000 cash. (JZW/tls) Initial hearing 2/12/18 at 9:00 a.m., pursuant to bondout sheet.	Notice: N Input: 02/08/2018 RJO: Y
02/12/2018	Comes now the office of Attorney Jared Thomas by telephone. Mr. Thomas will be filing his appearance on behalf of the Defendant. On motion of Mr. Thomas, with no objection from the State, the initial hearing is reset to 3/19/18 at 9:00 a.m. (tls)	Notice: N Input: 02/12/2018 RJO: N
03/07/2018	Comes now Jared M. Thomas and files APPEARANCE for Defendant. (tls)	Notice: N Input: 03/09/2018 RJO: N
03/19/2018	Come now the State by Levi J. Burkett and the Defendant with counsel, Jared Thomas. This is the time set for initial hearing in D18F564 and D18CM230. Defendant is advised of the possible penalties. Defendant waives formal reading of the charges and advice of rights. Court enters a preliminary plea of not guilty on the Defendant's behalf to protect her rights. On Defendant's motion, with no objection from the State, this matter is set for progress 5/14/18 at 9:00 a.m. Defendant is ordered to appear. If there is no agreement/resolution at that time, the Court intends to set this matter for trial. D18F564: Defendant by counsel files MOTION FOR PRETRIAL DISCOVERY. (RJO) (JZW/tls)	Notice: N Input: 03/21/2018 RJO: Y
03/19/2018	Court sets an omnibus date of 5/21/18. (JZW/tls)	Notice: N Input: 03/21/2018 RJO: N

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05/14/2018	Notice: N	Input: 05/18/2018	RJO: N	<p>Come now the State by Jennifer Greer and the Defendant with counsel, Jared Thomas.</p> <p>The parties are appearing for progress in D18F564 and D18CM230.</p> <p>Defendant by counsel requests continuance.</p> <p>Court sets D18F564 for jury trial 10/30/18 at 8:30 a.m., final pre-trial conference 10/1/18 at 9:00 a.m., and progress hearing 7/16/18 at 9:00 a.m.</p> <p>Defendant is ordered to appear.</p> <p>(D18CM230 shall track D18F564.) (JZW/tls)</p>
07/16/2018	Notice: N	Input: 07/19/2018	RJO: N	<p>Comes now the office of Defendant's attorney, Jared Thomas, by telephone.</p> <p>At the request of Mr. Thomas, and without objection from the State, the hearing for this date is vacated. Counsel to contact the Court to select a new hearing date. (tls)</p>
10/01/2018	Notice: N	Input: 10/04/2018	RJO: N	<p>Come now the State by Levi J. Burkett and the Defendant with counsel, Jared Thomas. Parties are appearing for final pre-trial conference in D18F564 and progress in D18CM230. Defendant by counsel moves to continue the 10/30/18 jury trial (due to a speedy trial in Pike County). There being no objection from the State, the Court vacates the 10/30/18 jury trial. The Court is advised that the parties are attempting to reach an agreement.</p> <p>Defendant is ordered to appear (D18F564):</p> <p>Final pre-trial conference 1/14/19 at 9:00 a.m.</p> <p>Jury trial 1/29/19 at 8:30 a.m.</p> <p>By agreement, D18CM230 is set for progress on those same dates. (JZW/tls)</p>
01/14/2019	Notice: N	Input: 01/17/2019	RJO: N	<p>Come now the State by Levi J. Burkett and the Defendant with counsel, Jared Thomas.</p> <p>This is the time set for final pre-trial conference in D18F564 and progress hearing in D18CM230.</p> <p>The Court is advised that the parties have reached an agreement. Mr. Thomas requests time to discuss the same with the Defendant. Mr. Thomas moves to vacate the 1/29/19 jury trial, to which the State has no objection. Defendant is advised of her right(s) to trial. Court grants the motion to vacate the jury trial.</p> <p>These cases are continued to 2/4/19 at 9:00 a.m., and the Defendant is ordered to appear. (JZW/tls)</p>
02/04/2019	Notice: N	Input: 02/07/2019	RJO: Y	<p>Come now the State by Levi J. Burkett and the Defendant with counsel, Jared Thomas. There is now filed with the Court a PLEA AGREEMENT, LEVEL 6 FELONY ADVISEMENT/WAIVER OF RIGHTS form, and ORDER FOR PERSONS ENTERING CSAP. Defendant moves to withdraw her former plea of not guilty and indicates her intention to enter her plea of guilty pursuant to the Plea Agreement. Defendant is advised of her rights, the nature of the charge, and the possible penalties. State presents factual basis. Defendant enters her plea of guilty to Count One, Battery to a Public Safety Officer, as a lesser included offense of Count One. Court finds that Defendant is 26 years of age, that she understands the nature of the charge to which she has moved to plead guilty, she understands the possible sentences, fines, and penalties for the offense, that her offer to plead guilty is freely and voluntarily made, the plea is accurate and there is a factual basis for the plea. The Court takes the Defendant's plea of guilty under advisement and sets the matter for sentencing 3/4/19 at 9:00 a.m. Defendant is ordered to appear. (RJO) (JZW/tls)</p>

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FEB 12 2020

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FOR CAUSE NO: 87D01-1802-F5-000064  
STATE OF INDIANA VS MEGAN RENEE JACKSON

03/01/2019	Notice: N	Input: 03/01/2019	RJO: N	
	Comes now the office of Jared Thomas by telephone (Ruby). On Defendant's motion, with no objection from the State, the 3/4/19 sentencing is reassigned to 3/11/19 at 11:00 a.m. (JZW/tls)			
03/11/2019	Notice: S	Input: 03/13/2019	RJO: Y	DISPOSED: GP
	Come now the State by Levi J. Burkett and the Defendant with counsel, Jared Thomas. The Court now accepts the agreement of the parties, agrees to be bound by it, and agrees to sentence pursuant to it. The Court finds the Defendant of the offense of Battery to a Public Safety Officer, as a lesser-included offense of Count One, and enters judgment of conviction as a Class A Misdemeanor. Pursuant to the agreement, the Defendant is sentenced to a term of twelve (12) months, suspended to probation (CSAP). Defendant is ordered to follow all rules of the program and pay all fees. Defendant shall be responsible for the Court cost and probation/CSAP fees. The Court is not imposing a fine. Any bonds posted in D18F564 and D18CM230 shall be applied to what is owed, with any remainder to be released/refunded to the bondholder. Pursuant to the Plea Agreement, D18CM230 is dismissed. (RJO) (JZW/tls) (cc: Clerk's office and Probation Dept./CSAP)			
08/29/2019	Notice: N	Input: 08/29/2019	RJO: N	
	WCDD/DC review hearing held. (JZW/kad)			

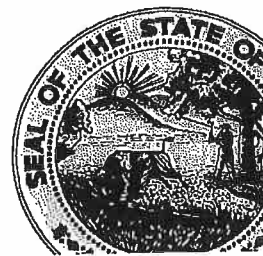
NSBMT

FEB 12 2020

RECEIVED

**WARRICK COUNTY COURT SERVICES PROGRAM  
CSAP PROBATION DEPARTMENT**

166 West State Route 62  
Boonville, IN 47601  
Phone: (812) 897-3001  
Fax: (812) 897-3026



DATE: May 13, 2020

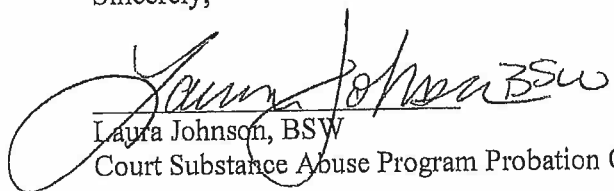
RE: Megan Jackson  
DOB:  
Cause # 87D01-1802-F5-000064

Ms. Vanhorn,

Ms. Jackson has completed her probation term for the above cause number, her case has been successfully closed.

Any questions, I can be reached at (812)897-3001, Monday-Friday from 8:30 a.m. to 4:00 p.m.

Sincerely,

  
Laura Johnson, BSW  
Court Substance Abuse Program Probation Officer



# Massage Therapy

NV Required		Applicant
A&P W/ Kinesiology	125	136.5
Classroom W/ Clinic	220	524.5-16-125
Pathology	40	40
Business	20	716
Ethics	20	
Hands on	125	125
Total	550	

## Notes:

700 hours exceeds Nevada requirement. Education meets substantially similar under NRS 640.400(3)

Date Reviewed:

5/12/20  
[Signature]

ED Signature:



**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>

WAIVER OF OPEN MEETING LAW SERVICE REQUIREMENTS

I, Megan R Jackson, the undersigned, being apprised  
First Name MI Last Name

of the requirements under NRS 241.033 and NRS 241.034 for a public body to notify a person by certified mail 21 working days in advance or by personal service 5 working days in advance of a meeting in which that public body will consider that person's character, professional competence, or physical or mental health or take administrative action against that person, knowingly and voluntarily waive these service and notification requirements as to the undersigned for (an) agenda item(s) pertaining to the undersigned at the meeting of the Nevada State Board of Massage Therapy set for 9:00 a.m. on Wednesday, June 10, 2020, via Zoom:

Register in advance for this meeting:

<https://zoom.us/meeting/register/tJcqf-mhqTquGNYc09MqVYIjK-5pMzMN9Oaq>

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

Meeting ID 914-0777-9129

Password 564860

Dated this 31 day of May, 2020.

Signature

A handwritten signature in black ink, appearing to read "Megan R Jackson", written over a horizontal line.

Megan R Jackson  
First MI Last





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 30, 2020

Megan R. Jackson

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. Jackson:

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 June 10, 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/join/zoom/register/tJcQf-mhqTguGNYc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style, is placed over the name and title of the Executive Director.

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3398 83

# NEVADA STATE BOARD OF MASSAGE THERAPY

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6m

## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Lianyan Kelly  
**REVIEW UNDER:** NRS 640C.700

### BACKGROUND INFORMATION:

Ms. Kelly's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Kelly was issued an e-ticket from on June 19, 2017 by Renton Police Department for prostitution. Ms. Kelly is requesting to be granted a license under NRS 640C.580 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(2)(3)(4)(6) and (9).

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:





# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL191014015920

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEx, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ **Massage Therapist** ☐ **Structural Integration** ☐ **Reflexology**

### Applicant Name

**Last Name :** KELLY

**First Name :** LIANYAN

**Middle Name :**



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

**Other Name**

JIA

**Mailing address :**

**Street :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Date of Birth :**

**Place of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☒ Home ☐ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)

☐ Yes ☒ No

## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
WA	Ma60705117	2016	12/27/2020

## Section 4 : Training and Education

### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Ananda massage school	Renton	2016 - 2016	510
EUROPEAN MASSAGE THERAPY SCHOOL	LAS VEGAS	2019 - 2019	610

### Transcript(s)

Document Name	User Defined Document Name	Document Link
191014015920-115626-Transcript.pdf	EUROPEAN-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEX	Renton Washington	09/22/2016

National Exam Status :

Date Received :

Score Report Received : ☒

Document Name	User Defined Document Name	Document Status
191014015920-115594-ScoreReportCard.pdf	MBLEX	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☒ Yes ☐ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

Date of Charge	Law Enforcement Agency Detail	Charge	Disposition
06/16/2017	Renton municipal court	Prostitution	Dismissed

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will

then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** KELLY

**First Name :** LIANYAN

**Middle Name :**

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 10/28/2019

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **LIANYAN KELLY** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.  
I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to

practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : LIAnyan kelly

Date : 10/28/2019

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Certified Statement	OL191014015920-116525-Certified-Statement.pdf	WA VERIF	
Photo	11259-115778-KELLY, LIANYAN.jpeg		
Transcript	191014015920-115626-Transcript.pdf	EUROPEAN-TRANSCP	
Certificate of Completion	191014015920-115625-Certificate-of-Completion.pdf	EUROPEAN-DIPL	
Score Report Card	191014015920-115594-ScoreReportCard.pdf	MBLEX	
Social Security Card	OL191014013519-115497-Social-Security-Card.jpeg		
Current Massage License	OL191014013519-115496-Current-Massage-License.jpeg		
Government Issued ID Card	OL191014013519-115495-Government-Issued-ID-Card.jpeg		

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:



**EUROPEAN MASSAGE THERAPY SCHOOL, Inc.**  
9440 W SAHARA AVENUE, SUITE 250  
LAS VEGAS, NV 89117

**OFFICIAL TRANSCRIPT**

Credential: Diploma  
OFFICE OF THE REGISTRAR



NAME: LianYan Kelly SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
DATES OF ATTENDANCE: 3-4-19 to 10-17-19 GRADUATION DATE: 10-17-19

COURSE NUMBER	COURSE TITLE	HOURS	GRADE	GRADING SYSTEM		
				Grade	Description	G.P.A.
BUS 111	Ethics and Business Practices	40	A	A	Excellent	4.0
SCI 101	Anatomy and Physiology I	32	A	B	Good	3.0
SCI 102	Anatomy and Physiology II	56	A	C	Average	2.0
SCI 103	Anatomy and Physiology III	32	A	D	Unsatisfactory	1.0
MAS 101	Swedish Massage I	68	A	F	Failure	0.0
MAS 102	Swedish Massage II	52	A	P	Pass	
MAS 121	Chair Massage	20	A	I	Incomplete	
MAS 106	Clinical Practice I*	28	P	W	Withdrawal	
MAS 115	BMT and Therapeutic Massage	24	A	TC	Transfer Credit	
SCI 104	Kinesiology	28	A	European Massage Therapy School is accredited by Accrediting Bureau of Health Education Schools (ABHES) and approved by Nevada Commission on Postsecondary Education		
SCI 105	Pathology	40	A			
MAS 122	PNF Stretching	24	A			
MAS 125	Introduction to Affiliated Therapies*	76	P			
MAS 107	Clinical Practices II*	66	P			
MAS 131	Oriental Massage Techniques*	12	P	SCHOOL STAMP		
NEC 101	National Exam Preparation*	12	P			
Program Total		610	GPA: 4.0			
Final Written Test:	A	Final Practical Test:	A			

Date: 10/17/19

Director:

THIS TRANSCRIPT IS OFFICIAL ONLY IF SIGNED AND EMBOSSED WITH THE SCHOOL SEAL  
Student in Good Academic Standing unless indicated otherwise

\*Pass/Fail Courses





# European Massage Therapy School



*This Certifies That*  
**Lian Yan Kelly**  
*has successfully completed the Course of Study prescribed in*  
**Massage Therapy (610 hours)**  
*and is awarded this*

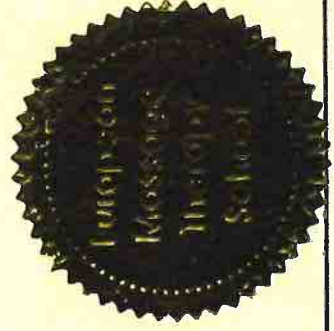
**Diploma**

# **LS667M25401719**

*Given in Las Vegas, Nevada on this 17th day of October 2019*

Director

Manager



NSBMT

OCT 17 2019

RECEIVED



**FSMTB**

FEDERATION OF STATE  
MESSAGE THERAPY BOARDS

NSBMT  
AUG 06 2018  
Received

**MBLEX Jurisdictional Score Report and Transfer Grade Roster**

**State Nevada**

MBLEX scores received on 08-04-2018

Last Name First Name Last four SS# DOB

Kelly

Lianyan

09 22 2016 1

Pass

English

Ananda Massage Training

Exam Date Attempt Pass/Fail Language School



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

November 20, 2019

Nevada State Board of Massage Therapy  
1755 East Plum Ave. Suite 252  
Reno, NV 89502



Subject: Credential Verification

To Whom It May Concern:

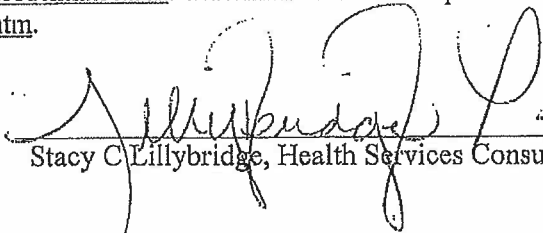
This verifies the status of the Massage Therapist License for Lianyan Kelly.

*You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.*

Year of Birth:	
Credential Number:	MASS.MA.60705117
Credential Type:	Massage Therapist License
Current Credential Status:	ACTIVE
First Credential Date:	11/18/2016
Current Expiration Date:	12/27/2020
Last Renewal Date:	10/21/2019
Method of Licensure:	EXAMINATION
Disciplinary Action:	No

Please call 360-236-4700 if you have questions or check our Online Provider Credential Search at:  
<https://fortress.wa.gov/doh/providercredentialsearch>. Information on current profession-specific rules and laws is at  
[www.doh.wa.gov/licensing/default.htm](http://www.doh.wa.gov/licensing/default.htm).



  
Stacy C. Lillybridge, Health Services Consultant I





**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>

December 20, 2019

Lianyan Kelly

Re: DISPOSITION OF RECORD

Dear Ms. Kelly,

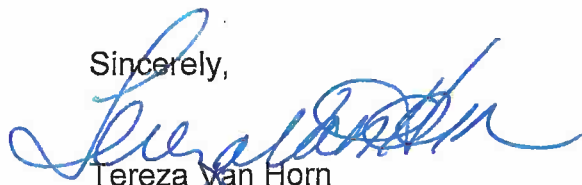
In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) of your arrest on June 16, 2017.
2. Dispositions from the court(s) you appeared at regarding the arrest on June 16, 2017. **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at regarding the arrest on June 16, 2017. **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.

Your background check will expire on **04/30/2020**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions, 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.**

To whom it may concern

My name is Lianyan Kelly. I lived in Renton Washington after receiving my massage therapy license, I found a job close to my home with my husband I found this job on online. I had only been working at this massage business for 7-9 days, before the police came on April 12 2017. My husband quickly came to this business and the police said there was no problem since, I had all the proper licenses and documentation. So we went home thinking everything was ok. My husband and I were looking for a house in Las Vegas and found a house and purchased it. Then 3 months later got a letter from Renton court saying there was a problem. I am 50 years old and never have had a problem with any police or government. So we hired a lawyer and have resolved all issues resulting from this issue. This case has now been dismissed. I am still in good standings with my license in Washington.

Thank very much

Lianyan Kelly

*Lianyan Kelly*

*2/10/2020*



December, 29<sup>th</sup>, 2017

To Who may concerns

Kelly, Lianyan ) was referred by attorney Kanuss, Matthew to our clinic on 12/13/2017. I have reviewed the police report that attorney Kanuss faxed over on 12/18/2017.

Ms. Kelly came in for an assessment on 12/15/2017 and has agreed to continue therapy for additional five sessions as recommended. The treatment plan was discussed and the five sessions will address issues as below:

Session #1: Assisted Ms. Kelly to process thoughts and feeling regarding the incident and assist her to be solution focused and take this incident as a learning opportunity.

Session #2: Help Ms. Kelly to review Police Report and understand the allegations against her.

Session #3: Discuss and assist Ms. Kelly to understand her behaviors and consequences.

Session #4: Assist Ms. Kelly to explore and identify risk factors of her job and discuss safety issues and how to make safe choices for herself and public.

Session #5: Increasing understanding of laws and regulations and prevent future risks.

Ms. Kelly came in on 12/20/2017 and we did session #1, and scheduled for the session #2 on 1/10/2018.

Please don't hesitate to contact me if you have any questions regarding my treatment recommendations.



Qingfang Zhang, Ph.D, LCSW  
Desert Behavioral Health  
4055 Spencer St, Suite 118  
Las Vegas, NV 89119  
Tel: 702-799-9710  
Fax: 702-799-9712





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Desert Behavioral Health

4055 S Spencer Street, Suite 118, Las Vegas, NV, 89119 T: (702) 799-9710 F: (702) 799-9712

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January, 12<sup>th</sup>, 2017

To Who may concerns

This letter is confirm that Kelly, Lianyan (DOB: 12/27/1969) has completed the planned treatment.

Ms. Kelly arrived on time for her session on 12/15/2017, 12/20/2017, 1/5/2018, 1/8/2017 and 1/12/2018, and particiated in each session actively.

Ms. Kelly has demonstrated an understanding and knowledge of her profession, laws and regulations and has displayed plans and strategies to prevent future risks in her career.

Please don't hesitate to contact me if you have any questions.



Qingfang Zhang, Ph.D., LCSW

Desert Behavioral Health  
4055 Spencer St, Suite 118  
Las Vegas, NV 89119  
Tel: 702-799-9710  
Fax: 702-799-9712



DD7020SX BLG  
01/16/2020 2:06 PM

RENTON MUNICIPAL COURT  
D O C K E T

PAGE: 1

DEFENDANT  
KELLY, LIANYAN

CASE: 7Z0619984 RPD  
Criminal Non-Traffic  
Agency No. 17-4678

AKA No aliases on file.

OFFICER  
02194 RPD ASHBAUGH, MEGHAN

CHARGES	DV Plea	Finding
Violation Date: 04/12/2017		
1 9A.88.030 PROSTITUTION	N Not Guilty	Dismissed

TEXT

S 06/16/2017 Received eTicket 7Z0619984 @ 05:15 PM by designated computer SYS  
06/19/2017 Case Filed on 06/19/2017 BSA  
DEF 1 KELLY, LIANYAN Added as Participant  
OFF 1 ASHBAUGH, MEGHAN Added as Participant  
Case linked to electronic ticket 7Z0619984  
ARR Set for 07/03/2017 08:00 AM  
in Room 2 with Judge TLJ  
Notice Issued for ARR on 07/03/2017 08:00 AM  
U COMPLAINT AND JURY DEMAND FILED BY CITY PROSECUTOR WITH  
THE VIOLATOR COPY OF THE CITATION. COPIES MAILED TO  
VIOLATOR W/HEARING NOTICE.  
CONFIRMED CITATION/DOL ADDRESS ARE THE SAME.  
06/29/2017 AFFIDAVIT OF OFC ASHBAUGH REV'D IN CHAMBERS BY JUDGE JURADO DLH  
PROBABLE CAUSE ESTABLISHED  
S 07/03/2017 ARR: Not Held, Wt/FTA Ordered ACM  
U TERRY L JURADO  
PA J BROWN  
DEFT FAILED TO APPEAR FOR ARRAIGNMENT  
VERIFIED NOTICE ISSUED TO DEFT  
PC PREVIOUSLY ESTABLISHED  
BENCH WARRANT ORDERED - \$1000 + \$100 SWF = \$1100 C/B  
S Accounts Receivable Created 100.00  
07/06/2017 BENCH Warrant Ordered RRA  
Print on or after 07/06/2017  
Warrant expires on 07/06/2022  
BENCH Warrant Issued for SYS  
Fail To Appear For Hearing  
Probable Cause  
Cash or Bond  
Bail: 1,000.00 + 100.00 Warrant Fee;  
Total Bail 1,100.00  
WARRANT COMMENT:  
FTA ARR  
U 07/10/2017 NOTICE OF APPEARANCE, WAIVER OF ARRAIGNMENT, DEMAND FOR DLH  
JURY TRIAL, DEMAND FOR DISCOVERY, BILL OF PARTICULARS AND  
OMNIBUS APPLICATION FILED BY ATY MATTHEW KNAUSS  
S ATY 1 KNAUSS, MATTHEW CURRAN Added as Participant  
on 07/10/2017

Docket continued on next page



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01/16/2020 2:06 PM

RENTON MUNICIPAL COURT  
D O C K E T

PAGE: 2

DEFENDANT  
KELLY, LIANYAN

CASE: 7Z0619984 RPD  
Criminal Non-Traffic  
Agency No. 17-4678

TEXT - Continued

U 07/10/2017 FILED VIA FAX DLH  
REFERRED TO JUDGE PT MURPHY AS CASE IS IN BW STATUS  
MOTION, DECLARATION AND ORDER TO QUASH BENCH WARRANT BSA  
RECEIVED VIA FAX FROM ATTORNEY MATTHEW KNAUSS - REFERRED  
TO PRO-TEM MURPHY  
(WAIVER OF ARRAIGNMENT FILED) DLH  
PLEA OF NOT GUILTY ENTERED BY COUNSEL ON NOA  
S Plea/Response of Not Guilty Entered on Charge 1  
U 07/11/2017 KELLY LIANYAN APPEARED AT COUNTER, PIC ID NEW COURT DATE. BCP  
CLERK PH, SCHEDULED DATE W/ATY KNAUSS DLH  
WARRANT RECALLED FROM RPD - TINA BCP  
S Warrant Recalled  
PTR Set for 08/08/2017 01:00 PM  
in Room 1 with Judge TLJ  
U HEARING NOTICE GIVEN TO DEF AT FRONT COUNTER  
FORWARDED TO BSA FOR INTERPRETER  
S Warrant Returned BSA  
U MANDARIN INTERPRETER ORDERED FOR 8-8-17 AT 1:00 PM  
07/12/2017 INTERPRETER CONFIRMED - EDWARD WUNG  
07/19/2017 MOTION, DECLARATION AND ORDER FOR CHANGE OF JUDGE FILED DLH  
BY ATY MATTHEW KNAUSS VIA FAX - REFERRED TO JUDGE  
OKAY TO ASSIGN PROTEM. COURT ACCEPTS THE AFFIDAVIT  
T/C TO ATY TO ADVISE CASE ALREADY ON CALENDAR W/PRO TEM  
07/21/2017 MOTION AND ORDER TO WAIVE DEFENDANT'S PRESENCE (AT 8-8 PTR)  
FILED BY FAX BY ATY KNAUSS - REFERRED TO JUDGE PT MURPHY  
07/24/2017 PRO TEM MURPHY REQUESTS CITY'S POSITION ON MOTION TO KLH  
WAIVE DEFT'S PRESENCE  
EMAIL SENT TO PA S. LOR TO DETERMINE CITY'S POSITION  
PA J. MERCER ADVISES THE CITY DOES NOT AGREE TO WAIVING THE  
DEFENDANTS PRESENCE AT ANY MADATORY COURT APPEARANCE.  
REFERRED TO PRO TEM MURPHY  
PT MURPHY RESPONDS - MOTION DENIED, CITY OBJECTS, NO  
SPEEDY TRIAL WAIVER INCLUDED, NO STATMENT RE: PLANS FOR THE  
PRE TRIAL. DEFENSE MAY CONTACT THE CITY.  
PRINT SCREEN MAILED TO ATY KNAUSS  
08/01/2017 LTR FILED BY LAW OFFICE OF ATY KNAUSS, UPDATES DEFT ADDRESS LLG  
08/02/2017 DEFENSE MOTION & DECLARATION TO CONTINUE (NO OBJECTION FROM ACM  
CITY PA J MERCER) AND WAIVER OF TIME FOR TRIAL SETTING  
FILED VIA EMAIL BY ATY MATTHEW KNAUSS  
REFERRED TO PRO TEM MURPHY (AFF TLJ)  
08/07/2017 PER PRO TEM MURPHY - GRANTED  
P/C TO ATY OFFICE TO ADVISE MOTION GRANTED, PTR/COMMENCEMENT  
DATE TO BE RESET TO 9/12/17 PER ATY REQUEST  
S PTR Rescheduled to 09/12/2017 01:00 PM  
in Room 1 with Judge TLJ  
U EMAIL TO BSA TO RESCHEDULE CHINESE/MANDARIN INTERPRETER  
NOTICE MAILED TO DEFT; CC; DOL, ATY KNAUSS VIA FAX  
FAX DELIVERY: CONFIRMED  
MANDARIN INTERPRETER CANCELLED VIA INTERCOM FOR 8-8-17 BSA

Docket continued on next page



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01/16/2020 2:06 PM

RENTON MUNICIPAL COURT  
D O C K E T

PAGE: 3

DEFENDANT  
KELLY, LIANYAN

CASE: 7Z0619984 RPD  
Criminal Non-Traffic  
Agency No. 17-4678

TEXT - Continued

U 08/07/2017 AND RESCHEDULED TO 9-12-17 AT 1:00 PM AND CONFIRMED - BSA  
EDWARD WUNG

S 09/12/2017 PTR: Not Held, Defendant Contd ACM  
U PRO TEM KARA MURPHY  
PA J BROWN  
DEFT APPEARED W/ ATY M KNAUSS  
CHINESE/MANDARIN INT EDWARD WUNG  
OFF-RECORD MOTION AND ORDER FOR CONTINUANCE FILED  
THE BASIS FOR THE MOTION IS: ADDITIONAL TIME IS NECESSARY TO  
CONSIDER AND RESEARCH THE RAMIFICATIONS OF A NEW OFFER MADE  
BY THE CITY. DEFT HAS REVIEWED AND AGREED TO A SPEEDY TRIAL  
WAIVER WITH THE ASSISTANCE OF COUNSEL AND A MANDARIN CHINESE  
LANGUAGE INTERPRETER  
COMMENCEMENT DATE RESET TO: 11/7/17  
NEW 90: 2/5/18  
OPPOSING PARTY DOES NOT OBJECT  
THE MOTION FOR CONTINUANCE IS GRANTED  
NOTICE SIGNED, COPY TO DEFT AND ATY KNAUSS  
EMAIL TO BSA TO ORDER INTERPRETER

S 09/13/2017 PTR Set for 11/07/2017 01:00 PM  
in Room 1 with Judge TLJ

U 09/14/2017 MANDARIN INTERPRETER ORDERED FOR PRETRIAL BSA  
INTERPRETER CONFIRMED - EDWARD WUNG

S 10/05/2017 Summons/Bail Notice Issued KLH  
U 10/11/2017 INTERPRETER CHANGE: PING LAU BSA  
S 11/07/2017 PTR: Not Held, Defendant Contd ACM  
U PRO TEM KARA MURPHY  
PA J BROWN  
DEFT APPEARED W/ ATY M KNAUSS  
CHINESE INT PING LAU PRESENT  
OFF-RECORD MOTION AND ORDER FOR CONTINUANCE FILED  
THE BASIS FOR THE MOTION IS: ADDITIONAL TIME TO CONSIDER AND  
RESPOND TO A NEW OFFER FROM THE CITY  
COMMENCEMENT DATE RESET TO: 1/3/18  
NEW 90: 4/3/18  
OPPOSING PARTY DOES NOT OBJECT  
THE MOTION FOR CONTINUANCE IS GRANTED  
NOTICE SIGNED, COPY TO DEFT & ATY KNAUSS  
EMAIL TO BSA TO ORDER INTERPRETER

S 11/08/2017 PTR Set for 01/03/2018 01:00 PM  
in Room 1 with Judge TLJ

U MANDARIN INTERPRETER ORDERED FOR PTR BSA  
INTERPRETER CONFIRMED - EDWARD WUNG

S 01/03/2018 PTR on 01/03/2018 01:00 PM KLH  
Changed to Room 2 with Judge TLJ  
PTR on 01/03/2018 01:00 PM  
Changed to Room 1 with Judge TLJ  
Accounts Receivable Changed to  
Authorized by BCP with Adjustment Code: CO 150.00 BCP

Docket continued on next page

NSBMT

FEB 13 2020

RECEIVED

DD7020SX BLG  
01/16/2020 2:06 PM

RENTON MUNICIPAL COURT  
D O C K E T

PAGE: 4

DEFENDANT  
KELLY, LIANYAN

CASE: 7Z0619984 RPD  
Criminal Non-Traffic  
Agency No. 17-4678

TEXT - Continued

S 01/03/2018 18003100252 Fine Payment Paid in Full 150.00 BCP  
PTR: Not Held, Hearing Canceled ACM  
DAC: Held  
U PRO TEM KARA MURPHY  
PA I CLARK  
DEFT APPEARED W/ ATY M KNAUSS & MANDARIN INT EDWARD WUNG  
STIPULATED ORDER OF CONTINUANCE FILED  
POLICE REPORT MARKED PLAINTIFF'S EXHIBIT "A"  
SPEEDY TRIAL COMMENCEMENT: 1/3/19  
EXPIRATION: 4/3/19  
SOC FILED FOR PERIOD OF: 12 MONTHS  
UPON COMPLIANCE W/TERMS OF SOC CITY WILL MAKE A MOTION TO  
HAVE THE CHARGE(S) DISMISSED  
PAY \$150 SOC COSTS - PAID TODAY  
APPEAR TIMELY TO ALL SCHEDULED COURT HEARINGS  
CASE FILED SOC: 11/18  
COMPLETE 5 COUNSELING SESSIONS WITH DESERT BEHAVIORAL HEALTH  
AND SUBMIT PROOF TO PROSECUTORS OFFICE WITHIN 90 DAYS  
S No Criminal Violations : 1 Y  
Stipulated Ordr of Continuance : 1 Y  
SOC Review Set for 11/03/2019  
01/04/2018 REV Set for 11/30/2018 04:00 PM  
in Room 1 with Judge TLJ  
U (4 PM REV IS STATUS CHECK ONLY - DEF'S PRESENCE NOT REQUIRED) DLH  
S 11/29/2018 REV Rescheduled to 11/29/2018 04:00 PM MJO  
in Room 1 with Judge TLJ  
REV: Held  
U RECEIVED EMAIL FROM PA I. CLARK - DEFT HAS COMPLIED  
W/SOC - CASE DISMISSED AND CLOSED.  
S Charge 1 Dismissed : City's Mtn-Other  
Case Heard Before Judge JURADO, TERRY LEE  
Review set for SOC on 11/03/2019 canceled  
Defendant Complied with No Criminal Violations  
Defendant Complied with Stipulated Ordr of Continuance  
Case Disposition of CL Entered  
U 01/09/2019 MOTION FOR WRITTEN ORDER REFLECTING DISMISSAL AND ORDER  
OF DISMISSAL FILED BY ATTORNEY MATTHEW KNAUSS - FORWARDED  
TO JUDGE.  
01/11/2019 COPY OF SIGNED ORDER OF DISMISSAL FAXED TO ATY KNAUSS -  
SCANNED INTO LF

ACCOUNTING SUMMARY

	Total Due	Paid	Credit	Balance
Timepay: N	150.00	150.00		

ADDITIONAL CASE DATA

Case Disposition  
Disposition: Closed

Date: 11/29/2018

Parties

Attorney KNAUSS, MATTHEW CURRAN

Docket continued on next page

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01/16/2020 2:06 PM

RENTON MUNICIPAL COURT  
D O C K E T

PAGE: 5

DEFENDANT  
KELLY, LIANYAN

CASE: 7Z0619984 RPD  
Criminal Non-Traffic  
Agency No. 17-4678

ADDITIONAL CASE DATA - Continued

Personal Description

Sex: F Race: A DOB:

Dr.Lic.No.:

State:

Expires:

Employer:

Height: 5 4 Weight: 122 Eyes: BRO Hair: BLK

Hearing Summary

Held

ON 01/03/2018 AT 01:00 PM IN ROOM 1

WITH TLJ

Held

REVIEW HEARING

ON 11/29/2018 AT 04:00 PM IN ROOM 1

WITH TLJ

End of docket report for this case



STATE OF WASHINGTON } s.s.  
COUNTY OF KING }

THIS IS TO CERTIFY THAT THIS DOCUMENT IS  
A TRUE AND CORRECT COPY OF THE ORIGINAL  
RECORD OR TRANSCRIPT OF THIS COURT.  
DATED THIS 11th DAY OF January  
2020

B. Garcia  
Clerk



IN THE RENTON MUNICIPAL COURT  
KING COUNTY, STATE OF WASHINGTON

CITY OF RENTON,

Plaintiff,

NO. 720619984

vs.

ORDER OF DISMISSAL

LIANYAN KELLY,

Defendant.

THE COURT, having received a motion from the City of Renton to dismiss the above captioned matter, granted that request on November 29, 2019. Although the dismissal was recorded in the docket, Ms. Kelly has requested a written order to that effect.

THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the above-entitled matter is dismissed as of November 29<sup>th</sup>, 2018.

NSBMT

FEB 13 2020

RECEIVED

ORDER OF DISMISSAL - 1

C|K|K  
COWAN KIRK KATTENHOORN

4040 Lake Washington Blvd. NE, Suite 300  
Kirkland, Washington 98033  
425.822.1220 fx 425.822.8046

DONE IN OPEN COURT this 11<sup>th</sup> day of Jan, 2019.

JUDGE TERRY L. JURADO

Presented by:

Matthew C. Knauss  
Matthew C. Knauss  
Attorney for Defendant  
WSBA#35732

Approved; Notice of Presentation Waived

Approved via email on January 8<sup>th</sup>, 2019

Iva Clark  
Assistant City Attorney  
WSBA#39240

STATE OF WASHINGTON } s.s.  
COUNTY OF KING

THIS IS TO CERTIFY THAT THIS DOCUMENT IS  
A TRUE AND CORRECT COPY OF THE ORIGINAL  
RECORD OR TRANSCRIPT OF THIS COURT.

DATED THIS 11<sup>th</sup> DAY OF January  
2020  
CLERK OF SUPERIOR COURT  
Bh. Garcia  
COUNT CLERK

NSBMT

FEB 13 2020

RECEIVED

ORDER OF DISMISSAL - 2

C|K|K  
COWAN KIRK KATTENHORN

4040 Lake Washington Blvd. NE, Suite 300  
Kirkland, Washington 98033  
425.822.1220 fx 425.822.8046

<b>Renton Municipal Court</b> <b>1055 South Grady Way</b> <b>Renton, Washington 98057</b> <b>425-430-8550</b> <b>http://rentonwa.gov/court/</b>	<b>Stipulated Order of Continuance</b>
<b>City of Renton vs KELLY, LIANYAN, Defendant</b> <b>AKA(s) _____</b> <b>DOB _____</b>	<b>Case Numbers 720619984</b>

☒ Interpreter required Language Chinese Mandann

☐ Case 720619984 Defendant to appear at above court for ☐ REV ☐ SEN ☐ CON

1) MIT on \_\_\_ at \_\_\_ ☐ am ☐ pm in Court room # \_\_\_

This is a contract between the parties in this case, which is approved by the court as an Order of Continuance. This agreement is dispositive of all factual issues in the case, and under no circumstances will this matter return to a trial calendar. Both parties have moved the court for a continuance and this motion is granted. By signing this agreement, the defendant voluntarily waives the following trial rights:

1. The right to speedy trial within 60 days if held in-custody or 90 days if not held in-custody. The defendant hereby agrees that the new commencement date will be January 03 2019 and the new speedy trial expiration date will be  
60 days March 4 2019  
90 days April 3 2019
2. The constitutional right to a jury trial
3. The right to see, hear and question all witnesses who would testify against the defendant
4. The right to call witnesses on defendant's behalf
5. The right of the defendant to testify on his or her own behalf. The right to remain silent

#### Case# 720619984 PROSTITUTION

Maximum penalties that may be imposed if convicted of the above charge

Jail 90 Fine \$1000 Maximum Jurisdiction 24 months

☒ Amended to \_\_\_\_\_

☐ Dismissed \_\_\_\_\_

☒ SOC filed for period of 12 months

Upon compliance with terms of SOC, City will make a motion to have the charge

☒ dismissed ☐ amended to \_\_\_\_\_ with a recommended penalty of \_\_\_\_\_

NSBMT

FEB 14 2018

Received

This agreement and Order of Continuance remains in effect until a compliance or revocation disposition has been reached.

#### COSTS/ASSESSMENTS

☒ CCR fee \$ 150

☐      hours community service in lieu of \$      to be filed with court no later than       
Proof of completion shall be provided to the court

Total \$ 150.00 Pay \$ 50 per month, beginning March 04, 2018

**Payment Options**

On-line at [www.rentonwa.gov/cp](http://www.rentonwa.gov/cp)

Pay in person or mail payment to Renton Municipal Court 1055 S Grady Way Renton Washington 98057 Include the above case number(s) on the check/money order Make checks payable to Renton Municipal Court

**Terms of SOC as agreed by the parties**

☒ Appear timely to all scheduled court hearings

☒ No criminal law violations

☒ Complete following and submit proof to the prosecutor's office/probation within 90 days

☒ Other 5 counseling sessions with Desert Behavioral Health

**Defendant's acknowledgment** I agree that if there is a failure to comply with any agreed term, the case will be submitted on the record. I understand this means the judge will read the police report and other materials and based on such evidence determine if I am guilty of the crime(s) noted above. I understand that I have the right to appeal any finding of Guilt entered by the court after its review of the evidence. I waive any objections to the admissibility of evidence in this case. If I am convicted of a domestic violence offense I will lose my right to possess a firearm under state and federal law. If I am not a U S citizen, a conviction of a crime may result in deportation, exclusion from admission to the United States, or denial of naturalization. I have had an opportunity to consult an attorney, including an immigration attorney, and an opportunity to review the complaint, reports, and evidence in the case. Upon any conviction a judge can impose any sentence up to the maximum, as well as other financial obligations, travel restrictions, and probation. If pursuant to this agreement the City amends the charge[s], I waive all rights to appear, receive a complaint, be arraigned, object to any evidence, have a trial, or contest the amended charge[s].

The Court finds the defendant has knowingly, intelligently and voluntarily waived his/her rights under this agreement including those to a speedy jury trial.

Done in open court this 3 day of January 2018

Judge/Pro Tem Name Kara Murphy

I have read and understand the above conditions/information I have been advised of immigration consequences and travel restrictions (ICAOS)

Defendant Signature ☐ Served on Defendant

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

☐ I authorize courtesy text/email reminders of ☒ court dates ☐ payment due dates Message and data rates may apply

Defense Attorney Signature Name Matthew KnaussWSBA No 35732Prosecutor Signature Name Iva ClarkWSBA No 39240

NSBMT

FEB 14 2018

Received



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Lianyan Kelly

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. Kelly:

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 June 10, 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/join/zoom/register/tJc9f-mhqTguGNyc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3395 79



**NEVADA STATE BOARD OF MASSAGE THERAPY**

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6n

**AGENDA ACTION SHEET**

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Lucia Maturin

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

**BACKGROUND INFORMATION:**

Ms. Maturin's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Maturin was arrested on September 18, 2013 and September 20, 2015 by Las Vegas Metropolitan Police Department for DUI. Ms. Maturin is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700(2) and (9). Staff's recommendation is to approve a probationary license for two (2) years with restrictions.

**ACTION:**

- ☐ Approved  
☐ Tabled  
☐ Denied – NRS 640C.\_\_\_\_\_  
☐ Probation

**PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Lucia Maturin arrests/charges:

09/18/2013 – DUI – LVMPD – Case – 13M26857X – Plea of Nolo Contendere – Fines of \$685.00, suspended jail sentence stay out of trouble, DUI school and Victim Impact panel. Case closed as all requirements were satisfied or completed.

9/20/2015 – DUI – LVMPD – Case – 15M23858X – Plea of Nolo Contendere – Fines of \$685.00, suspended jail sentence stay out of trouble, DUI school, Victim Impact panel and Community Service of 50 hours in lieu of fine of \$185.00. Case closed as all requirements were satisfied or completed.

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL191103111582

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEx, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ **Massage Therapist** ☐ **Structural Integration** ☐ **Reflexology**

### Applicant Name

**Last Name :** MATURIN  
**First Name :** LUCIA  
**Middle Name :**



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

No record found.

### Mailing address :

**Street :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Date of Birth :**

**Place of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☒ Home ☐ Mailing ☐ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**

**notifications)**

☐ Yes ☒ No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

- ☒ Check here if you have never been licensed in any state jurisdiction.

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

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
NEVADA SCHOOL OF MASSAGE THERAPY	LAS VEGAS	2012 - 2012	816

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
191103111582-116052-Transcript.pdf	NSMT-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
Mblex	Las Vegas NV	11/02/2019

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
191103111582-115889-ScoreReportCard.jpg	MBLEX	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** MATURIN

**First Name :** LUCIA

**Middle Name :**

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 11/30/2019

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☒ Marine Corps/Marine Corps Reserve
- ☒ Navy/Navy Reserve
- ☒ Air Force/Air Force Reserve
- ☒ Coast Guard/Coast Guard Reserve
- ☒ National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **LUCIA MATURIN** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.  
I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.



I authorize all Institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Lucia maturin

Date : 11/30/2019

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Photo	12796-116230-MATURIN, LUCIA.jpeg		
Transcript	191103111582-116052-Transcript.pdf	NSMT-TRANSCP	
Certificate of Completion	191103111582-116051-Certificate-of-Completion.pdf	NSMT-DIPL	
Score Report Card	191103111582-115889-ScoreReportCard.jpg	MBLEX	
Social Security Card	OL191103103881-115763-Social-Security-Card.jpeg		
Government Issued ID Card	OL191103103881-115762-Government-Issued-ID-Card.jpeg		

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:

Date: 7/1/2019

## Nevada School of Massage Therapy

Page 1 of 1

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NOV 1 2 2019

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## Official Transcript

2381 East Windmill Ln #14  
Las Vegas, NV 89123

Student: Lucia Maturin

Student ID:

Birthday:

Student Start Date: 1/3/2012

Course Code	Course Description	Hours Earned	Credits Attempted	Credits Earned	Grade	Quality Points
Program: Professional Massage Therapy Program-EVE						
Enrollment #: MA11102365						
Status: Graduate						
Start Date: 1/3/2012						
Grad Date: 12/16/2012						
Term: JAN-2012						
	Jan-2012			1/3/2012	3/11/2012	
APH10310	Anatomy & Physiology I	52.50	4.50	4.50	C	9.00
MAS10010	Massage Therapy Core	45.50	3.00	3.00	A	12.00
PDV10810	Professional Development I	21.00	1.00	1.00	A	4.00
REF10010	Reflexology	21.00	1.00	1.00	B	3.00
		140.00	9.50	9.50		28.00
Term GPA: 2.95						
Cum GPA: 2.95						
Term: MAR-2012						
	MAR-2012			3/12/2012	5/20/2012	
A&K10010	Anatomy & Kinesiology	52.50	4.50	4.50	C	9.00
MSV10010	Massage Therapy Variations	42.00	2.50	2.50	A	10.00
PDV20810	Professional Development II	17.50	1.00	1.00	A	4.00
SPT20610	Sports Massage	28.00	1.50	1.50	B	4.50
		140.00	9.50	9.50		27.50
Term GPA: 2.89						
Cum GPA: 2.92						
Term: MAY-2012						
	MAY-2012			5/21/2012	7/29/2012	
APH20310	Anatomy & Physiology II	52.50	4.50	4.50	C	9.00
CLI10410	Clinical Internship I	20.00	0.50	0.50	A	2.00
FAC10510	First Aid & CPR	17.50	1.00	1.00	B	3.00
HYD10010	Hydrotherapy	21.00	1.50	1.50	B	4.50
RUS30210	Russian Massage	45.50	3.00	3.00	A	12.00

Course Code	Course Description	Hours Earned	Credits Attempted	Credits Earned	Grade	Quality Points
Term: JULY-2012						
	JULY-2012			7/30/2012	10/7/2012	
ACP10010	Acupressure	35.00	2.50	2.50	C	5.00
CLI20410	Clinical Internship II	49.50	1.50	1.50	A	6.00
PAT20310	Pathology I	17.50	1.00	1.00	B	3.00
PAT30310	Pathology II	35.00	2.50	2.50	B	7.50
TRG30310	Trigger Point	52.50	3.50	3.50	B	10.50
		189.50	11.00	11.00		32.00
Term GPA: 2.91						
Cum GPA: 2.91						
Term: OCT-2012						
	OCT-2012			10/9/2012	1/6/2013	
CLI30410	Clinical Internship III	49.50	1.50	1.50	C	3.00
CRA20110	Cranial Sacral Therapy	28.00	1.50	1.50	B	4.50
MVSTR10010	Movement and Structural Bodywork	52.50	3.50	3.50	B	10.50
PDV30810	Professional Development III	21.00	1.50	1.50	A	6.00
SHI20510	Shiatsu	38.50	2.50	2.50	A	10.00
		189.50	10.50	10.50		34.00
Term GPA: 3.24						
Cum GPA: 2.98						

Enrollment Totals: 815.50 51.00 51.00 152.00

This is a true and correct copy of the transcript on file with the Nevada Commission on Postsecondary Education

8778 S MARYLAND PKWY STE 115  
LAS VEGAS, NV 89123

Susan Buckner 11-4-19

Date: 7/1/2019

Page 1 of 1

# Nevada School of Massage Therapy

## Official Transcript

2381 East Windmill Ln #14  
Las Vegas, NV 89123

NSBMT

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Student: Lucia Maturin

Student ID:

Birthday:

Student Start Date: 1/3/2012

Course Code	Course Description	Hours Earned	Credits Attempted	Credits Earned	Grade	Quality Points
-------------	--------------------	--------------	-------------------	----------------	-------	----------------

\*\*NOTE\*\*  
GPA is weighted (equals Quality Points/Hours or Credits Attempted in Courses with A, B, C, or F grade)  
\*\*\* End of Transcript \*\*\*

*Melissa Wade*

Melissa Wade, VP Compliance

7/1/2019  
Date

This is a true and correct copy  
of the transcript on file with the  
Nevada Commission  
on Postsecondary Education  
8778 S MARYLAND AVE STE 115  
LAS VEGAS, NV 89123

*Susan Beckitt 11-4-19*



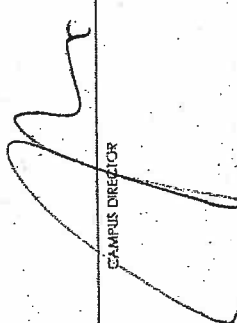
# Nevada School of Massage Therapy

The Administration of  
the Nevada School of Massage Therapy  
does hereby declare that

**Lucia Maturin**  
has completed the 51 credit hour  
Professional Massage Therapy Program

Given on the Sixteenth day of December, Two Thousand Twelve



  
CAMPUS DIRECTOR

  
EDUCATION MANAGER

This is a true and correct copy  
of the transcript on file with the

Nevada Commission

878 S. MAIN, 2ND FLOOR  
LAS VEGAS, NV 89101

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*Susan Beckwith 11-4-19*



# **MBLEx Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEx scores received on: 11-03-2019**

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Maturin	Lucia			02-06-2013	1	Fail	English	Cortiva Institute - Las Vegas Campus
				01-20-2015	1	Fail	English	Cortiva Institute - Las Vegas Campus
				11-02-2019	2	Pass	English	Cortiva Institute - Las Vegas Campus





**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>

December 9, 2019

Lucia Maturin

Re: DISPOSITION OF RECORD

Dear Ms. Maturin,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Your background check will expire on **05/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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



To whom this may concern,

My name is Lucia Matorin.  
On the dates of 9/9/13 &  
9/20/15 I was arrested for  
a DUI offense. I made a  
mistake that took me two times  
to learn. Sadly, but I can  
confidently say that I have  
not and will not ever make  
that mistake again! I pleaded  
no contest. It was a misdemeanor.  
Both of these offenses are now closed.  
Thank you so much for understanding.

- Lucia Matorin

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JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 13M26857X

STATE VS: NATURIN, LUCIA

ID #: 05994914

AKA: NATURIN, LUCIA

DR NUMBER:

START DATE: 09/18/2013

ARRESTED BY: BAKER, STEPHEN T

ARREST DATE: 09/18/2013

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 09/18/2013

PROSECUTOR: ERIC BAUMAN

DISPO DATE: 01/16/2014

001 CHARGE: 484C.400.1 M DUI, ABOVE LEGAL LIMIT, (1ST)  
DISPOSITION: ----GUILTY---- DUI, ABOVE LEGAL LIMIT, (1ST)

SENTENCED: 01/16/2014

FINED: \$ 685

EXCUSED: \$ 0

JAIL TIME: MOS

DAYS 2 HRS

CONS/CONC: NOT APPLIC

CTS : MOS

DAYS 002 HRS

COMM SERV: DAYS

HRS MIN

RESTITUTION: \$

0 CONTRIBUTION: \$

0 DRUG FEE: \$ 160

EDUCATION: DUI SCHOOL/VICTIM IMPACT PANEL

NONE

MAY DO 50HRS COMM/SERV IN LIEU OF FINE PLUS PAY  
\$185 IN FEES, ATTEND CORONERS DUI PROGRAM.

CITATION: 1309180350

PCN: 0025458834

SEQ: 001

CERTIFIED COPY

The document to which this certificate is  
attached is a full, true and correct copy of the  
original on file and of record in Justice Court of  
Las Vegas Township, in and for the County of  
Clark, State of Nevada.

By: [Signature] Deputy  
Date: 12/17/19



JUSTICE OF THE PEACE - DEPT. 09

Justice Court, Las Vegas Township  
Clark County, Nevada

Court Minutes



13M26857X State of Nevada vs. MATURIN, LUCIA

Lead Atty: Public Defender

1/16/2014 7:30:00 AM Arraignment

Result: Matter Heard

**PARTIES PRESENT:**  
Attorney Bayudan, Josie T.  
Defendant MATURIN, LUCIA  
  
**Judge:** Bonaventure, Joseph M.  
**Prosecutor:** Bauman, Eric  
**Court Reporter:** Mercer, Tom  
**Court Clerk:** Foy, Linda

PROCEEDINGS

**Attorneys:** Bayudan, Josie T. MATURIN, LUCIA Added  
Public Defender MATURIN, LUCIA Added

**Hearings:** 7/16/2014 7:30:00 AM: Status Check Added  
7/16/2014 7:30:00 AM: Status Check Edited

**Events:** **Arraignment Completed**  
*Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint*  
**Public Defender Appointed**  
**Court Continuance**  
*for completion of requirements*  
**Per Defense request, defendant is given the full 6 months to**  
*complete requirements with the understanding that no extensions will be granted*  
**Judgment Entered**

**Plea/Disp:** 001: DUI, above legal limit, (1st) [53900]  
Plea: Nolo Contendere

Disposition: Guilty as Charged

Sentence: Misdemeanor Sentence

**Imposed Fees**

Forensic/Analysis Fee-Criminal Case	\$60.00
AA Fees	\$125.00
County Fine-Criminal	\$400.00
DUI FEE \$100	\$100.00
<b>Fee Totals:</b>	<b>\$685.00</b>

Suspended Jail Sentence	1/16/2014 -	Active (1/16/2014)
30 days - 6 months if new DUI arrest		
Stay Out of Trouble	1/16/2014 -	Active (1/16/2014)
DUI School	1/16/2014 -	Active (1/16/2014)
Victim Impact Panel	1/16/2014 -	Active (1/16/2014)

**Las Vegas Justice Court: Department 09**

LVJC\_Criminal\_MinuteOrder

1/21/2014 7:58 AM



Justice Court, Las Vegas Township  
Clark County, Nevada

Court Minutes



13M26857X State of Nevada vs. MATURIN, LUCIA

Lead Atty: Public Defender

7/16/2014 7:30:00 AM Status Check

Result: Matter Heard

**PARTIES PRESENT:** Attorney Gullickson, Shana S.  
Defendant MATURIN, LUCIA  
**Judge:** Bonaventure, Joseph M.  
**Prosecutor:** Waters, Steve  
**Court Reporter:** Mercer, Tom  
**Court Clerk:** Foy, Linda

PROCEEDINGS

**Attorneys:** Gullickson, Shana S. MATURIN, LUCIA Added  
**Events:** Payment in Court Amount: \$185.00  
USJR - Guilty Plea with Sentence (before BT) (M)  
Case Closed - Requirement(s) Completed

CERTIFIED COPY

The document to which this certificate is  
attached is a full, true and correct copy of the  
original on file and of record in Justice Court of  
Las Vegas Township, in and for the County of  
Clark, State of Nevada.

By: [Signature] Deputy  
Date: 12/17/19



Las Vegas Justice Court: Department 09  
LVJC\_Criminal\_MinuteOrder

Case 13M26857X Prepared By: medlnava  
7/18/2014 2:09 PM

FILED

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY, NEVADA

Oct 4 8 55 AM '13

THE STATE OF NEVADA JUSTICE COURT  
LAS VEGAS, NEVADA

Plaintiff, BY Deputy

-VS-

LUCIA MATURIN #5994914,

Defendant.

CASE NO: 13M26857X

DEPT NO: 9

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of DRIVING AND/OR BEING IN ACTUAL PHYSICAL CONTROL WHILE UNDER THE INFLUENCE OF INTOXICATING LIQUOR (Misdemeanor - NRS 484C.110, 484C.400), in the manner following, to-wit: That the said Defendant, on or about the 18th day of September, 2013, at and within the County of Clark, State of Nevada, did then and there wilfully and unlawfully drive and/or be in actual physical control of a motor vehicle, on a highway, or on premises to which the public has access, to-wit: Maryland Parkway and Desert Inn Road, Las Vegas, Clark County, Nevada, while under the influence of intoxicating liquor to any degree, however slight, which rendered her incapable of safely driving and/or exercising actual physical control and/or while she had a concentration of alcohol of .08 or more in her blood or breath, and/or when the Defendant was found to have a concentration of alcohol of .08 or more in her breath sample which was taken within two (2) hours after driving and/or being in actual physical control of said vehicle.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

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13M26857X/lat  
LVMPD EV# 1309180350  
(TK3)

13M26857X  
CRM  
Criminal Complaint  
3018033



The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.

By: [Signature] Deputy  
Date: 12/17/19 P:\WPDOCS\COMPLT\COMP2013\268570132685701.DOC



**Justice Court, Las Vegas Township  
Clark County, Nevada**

Community Service 1/16/2014 -  
50 Hours In Lieu of fine - \$185 fees to be paid

Active (1/16/2014)

Coroner's DUI program 1/16/2014 -  
Sentence To CCDC:

Active (1/16/2014)

Remand Term: 0 Months 2 Days

CTS: 2 Specific Days

---

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**Las Vegas Justice Court: Department 09**  
LVJC\_Criminal\_MinuteOrder

Case 13M26857X Prepared By: mecllac  
1/21/2014 7:58 AM



JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 15M23858X

STATE VS: MATURIN, LUCIA

ID #: 05994914

AKA: MATURIN, LUCIA

DR NUMBER:

START DATE: 09/20/2015

ARRESTED BY: DEAN, JEFFREY M

ARREST DATE: 09/20/2015

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 09/20/2015

PROSECUTOR: AARON NANCE

DISPO DATE: 09/22/2016

001 CHARGE: 484C-400.1 M DUI, ABOVE LEGAL LIMIT, (2ND)  
DISPOSITION: ---GUILTY--- M DUI, ABOVE LEGAL LIMIT, (1ST)

SENTENCED: 09/22/2016

FINED: \$ 685

EXCUSED: \$ 0

JAIL TIME: NOS

DAYS 2 HRS

CONS/CONC: NOT APPLIC

CTS : NOS

DAYS 002 HRS

COMM SERV: DAYS

HRS MIN

RESTITUTION: \$

0 CONTRIBUTION: \$

0 DRUG FEE: \$ 150

EDUCATION: DUI SCHOOL/VICTIM IMPACT PANEL

NONE

STAY OUT OF TROUBLE, MAY DO 50 HRS COMM/SERV IN  
LIEU OF FINE + PAY \$185 FEES

CITATION: 1509200555

PCN: 0025583974

SEQ: 001

CERTIFIED COPY

The document to which this certificate is  
attached is a full, true and correct copy of the  
original on file and of record in Justice Court of  
Las Vegas Township, in and for the County of  
Clark, State of Nevada.

By: [Signature] Deputy  
Date: 12/17/19

NSBMT

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JUSTICE OF THE PEACE - DEPT. 07

**Justice Court, Las Vegas Township  
Clark County, Nevada**

Department: 07

**Court Minutes**



L007062588

**15M23858X State of Nevada vs. MATURIN, LUCIA**

Lead Atty: Public Defender

**9/22/2016 8:00:00 AM Arraignment (No bail posted)**

Result: Matter Heard

**PARTIES PRESENT:**

State Of Nevada	Nance, Aaron
Attorney	Yeager, Steve J.
Attorney	Public Defender
Defendant	MATURIN, LUCIA

**Judge:** Bennett-Haron, Karen P.

**Court Reporter:** O'Neill, Jennifer

**Court Clerk:** Meccia, Cherle

**PROCEEDINGS**

<b>Attorneys:</b>	<b>Public Defender</b>	MATURIN, LUCIA	Added
	<b>Yeager, Steve J.</b>	MATURIN, LUCIA	Added

<b>Hearings:</b>	12/22/2016 8:00:00 AM: Status Check	Added
------------------	-------------------------------------	-------

**Events:**

- Arraignment Completed**
- Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint*
- Public Defender Appointed**
- Defendant Waives the Right to Trial**
- Motion to Amend Counts**  
*by State - Granted*
- Admonishment of Rights - DUI**  
*Signed in open court.*
- Judgment Entered**
- HELP of Southern Nevada Form**  
*Provided to defendant in open Court.*



<b>Charges:</b>	<b>Amended: 001: Driving under the influence of alcohol and/or controlled or prohibited substance, above the legal limit, first offense</b>	Court Ordered
-----------------	---	---------------

**Plea/Disp:** **001: DUI, above legal limit, (1st) [53900]**  
Plea: Nolo Contendere

Disposition: Guilty of Lesser Offense

Sentence: Misdemeanor Sentence

FSSE	9/22/2016 -	Active (9/22/2016)
<i>1st Offense for sentencing purposes, to be used as 2nd offense for enhancement purposes</i>		
Suspended Jail Sentence	9/22/2016 -	Active (9/22/2016)
<i>30 Days</i>		
Stay Out of Trouble	9/22/2016 -	Active (9/22/2016)

**Las Vegas Justice Court: Department 07**

LVJC\_RW\_Criminal\_MinuteOrder

9/23/2016 10:36 AM

**Justice Court, Las Vegas Township  
Clark County, Nevada**

DUI School	9/22/2016 -	Active (9/22/2016)
Victim Impact Panel	9/22/2016 -	Active (9/22/2016)
Community Service	9/22/2016 -	Active (9/22/2016)
50 Hours In Lieu of Fine - \$185 fees to be paid		

Defendant Sentenced to 2 Days Jail	9/22/2016 -	Active (9/22/2016)
with 2 Days Credit for Time Served		

**Imposed Fees**

AA Fees	\$125.00
County Fine-Criminal	\$400.00
DUI FEE \$100	\$100.00
Forensic/Analysis Fee-Ordered by Judge	\$60.00
<b>Fee Totals:</b>	<b>\$685.00</b>



**Las Vegas Justice Court: Department 07**  
LVJC\_RW\_Criminal\_MinuteOrder

Case 15M23858X Prepared By: gonza  
9/23/2016 10:36 AM

Justice Court, Las Vegas Township  
Clark County, Nevada

Department: 14

Court Minutes



L007431809

15M23858X State of Nevada vs. MATURIN, LUCIA

Lead Atty: Public Defender

12/22/2016 8:00:00 AM Status Check (No Bail  
Posted)

Result: Matter Heard

**PARTIES**  
**PRESENT:** State Of Nevada Nance, Aaron  
Attorney Yeager, Steve J.  
Defendant MATURIN, LUCIA

**Judge:** Pro Tempore, Judge

**Court Reporter:** Fluker, Kris

**Court Clerk:** Montrone, Lauren

**Pro Tempore:** Jansen, William D.

PROCEEDINGS

**Events:** Financial Modification  
Please remove the \$50 bond filing fee  
Case Closed - Requirement(s) Completed

Review Date: 1/3/2017



CERTIFIED COPY

The document to which this certificate is  
attached is a full, true and correct copy of the  
original on file and of record in Justice Court of  
Las Vegas Township, in and for the County of  
Clark, State of Nevada.

By: [Signature] Deputy  
Date: 12/17/19

Las Vegas Justice Court: Department 14  
LVJC\_RW\_Criminal\_MinuteOrder

Case 15M23858X Prepared By: montronel  
12/23/2016 10:56 AM

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY, NEVADA

15M23858X  
CRM  
Criminal Complaint  
0428995



THE STATE OF NEVADA

2016 APR 25 1 A 8:25

Plaintiff,

JUSTICE COURT  
LAS VEGAS, NEVADA

CASE NO: 15M23858X

-VS-

DEPT NO: 7

LUCIA MATURIN #5994914, DEPUTY

Defendant.

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of DRIVING AND/OR BEING IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF AN INTOXICATING LIQUOR OR ALCOHOL, SECOND OFFENSE (Misdemeanor - NRS 484C.110, 484C.400 - NOC 53902), in the manner following, to-wit: That the said Defendant, on or about the 20th day of September, 2015, at and within the County of Clark, State of Nevada, did then and there willfully and unlawfully drive and/or be in actual physical control of a motor vehicle on a highway or on premises to which the public has access, to-wit: 4455 Paradise Road, Las Vegas, Clark County, Nevada, Defendant being responsible under one or more of the following theories of criminal liability, to wit: 1) while under the influence of intoxicating liquor to any degree, however slight, which rendered her incapable of safely driving and/or exercising actual physical control of a motor vehicle, 2) while she had a concentration of alcohol of .08 or more in her blood, and/or 3) when Defendant was found to have a concentration of alcohol of .08 or more in her blood sample which was taken within two (2) hours after driving and/or being in actual physical control of a vehicle, Defendant having previously been convicted of Driving and/or Being in Actual Physical Control of a Motor Vehicle While Under The Influence within seven (7) years immediately preceding the date of the principal offense or after the principal offense charged herein, to-wit:

Date of Offense: September 18, 2013

Conviction: January 16, 2014, Case No. 13M26857X,

Justice Court, Las Vegas Township, Clark County, State of Nevada.

NSBMT

W:\2015\2015M23858\15M23858-COMP-001.DOCX

DEC 17 2019

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1 All of which is contrary to the form, force and effect of Statutes in such cases made and  
2 provided and against the peace and dignity of the State of Nevada. Said Complainant makes  
3 this declaration subject to the penalty of perjury.

4  
5  
6 04/20/16

7 CERTIFIED COPY

8 The document to which this certificate is  
9 attached is a full, true and correct copy of the  
10 original on file and of record in Justice Court of  
11 Las Vegas Township, in and for the County of  
12 Clark, State of Nevada.

13 By: [Signature] Deputy  
14 Date: 12/17/19

15  
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24  
25  
26  
27 15M23858X/1a1  
28 LVMPD EV# 1509200655  
(TK8)



W:\2019\2015M\238\58\15M23858-COMP-001.DOCX





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

February 21, 2020

Lucia Maturin

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. Maturin:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

**Las Vegas Location**  
Grant Sawyer Building  
555 E. Washington Ave, Suite 4412  
Las Vegas, NV 89101

or

**Carson City Location**  
Legislative Counsel Bureau  
401 S. Carson Street, Room 2135  
Carson City, NV 89701

Please bring a valid form of photo identification to the meeting. You may attend at either location. 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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

9489 0090 0027 6154 3560 68

## **Tereza Van Horn**

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**From:** Tereza Van Horn  
**Sent:** Monday, March 16, 2020 12:07 PM  
**To:**  
**Subject:** Board - Meeting March 25, 2020  
  
**Importance:** High

Ms. Maturin,

Due to the recent closure of all non-essential State offices and the request of the Legislature Buildings, our meeting for March 25, 2020 has been cancelled.

We will notify you of a meeting in the future.

Please respond to this email confirming you have been notified.

Tereza Van Horn  
Executive Assistant/Management Analyst II  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
(775) 687-9953  
tvanhorn@lmt.nv.gov



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Lucia Maturin

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. Maturin:

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 June 10, 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/meeting/register/tJc9f-mhqTguGNYc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6226 3396 30

# NEVADA STATE BOARD OF MASSAGE THERAPY

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6o

## AGENDA ACTION SHEET

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Raeann M. Rigiroszi

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

### BACKGROUND INFORMATION:

Ms. Rigiroszi's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Rigiroszi was arrested on September 28, 1997 by Pueblo Police Department for DUI/DWAI; April 11, 1999 by Pueblo Police Department for Assault; June 13, 2000 by Pueblo Police Department for DUI; May 26, 2011 by Henderson Police Department for Battery/Domestic Violence and April 9, 2015 by Las Vegas Metro Police Department for DUI. Ms. Rigiroszi is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to deny this application or approve a probationary license for four (4) years with restrictions.

### ACTION:

- ☐ Approved  
☐ Tabled  
☐ Denied – NRS 640C. \_\_\_\_\_  
☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Raeann M. Rigiroszi arrests/charges:

9/28/1997 – DUI/DWAI (Driving while ability impaired) – Pueblo, CO – Colorado State patrol observed Ms. Rigiroszi driving at 70 MPH in a 55 MPH zone. When stopped, Ms. Rigiroszi was questioned about drinking based on odor and visual impairment of Ms. Rigiroszi. Roadside tests were performed and concluded Ms. Rigiroszi was under the influence. When taken back to the local station, Ms. Rigiroszi approved to a breathalyzer test to confirm alcohol level. Test returned with a .093%. Ms. Rigiroszi was given a deferred sentence of one year, fines of \$421.45, monitored probation, no further violations, Victim impact group, 20 hours of alcohol education. All terms were completed, and case was closed on 4/1/1998.

4/11/1999 – Assault, 3<sup>rd</sup> degree – Pueblo, CO – Plea of guilty to disorderly conduct. Was given a one-year probation with stipulations of no further violations, 36 weeks domestic violence treatments, comply with existing court order regarding family support, refrain from possessing firearms and shall not harass victim plus fines of \$248.00

Statement from Officer Minck with Pueblo Police Department – on 4/11/1999 at 0215 officers were dispatched in reference to a male/female disturbance. Upon arrival I made contact with male victim. Upon contacting victim, I noticed a large bruise on the right side of his forehead. I asked victim what happened to his forehead, he stated he had gotten into a fight with a guy. I asked victim who else was in the house, victim stated his girlfriend was there. I asked girlfriend Ms. Rigiroszi invited me in the house. Victim told me that he and his girlfriend had gotten into an argument about some girl. Both victim and Ms. Rigiroszi were out partying when they saw a girl that Ms. Rigiroszi had gotten into a fight with prior to tonight. Victim told me that Ms. Rigiroszi started yelling at the girl. Victim drove off, not allowing Ms. Rigiroszi out of the car. Victim drove home when he and Ms. Rigiroszi started to argue about the girl. When talking to victim, I noticed blood on his pants. I asked victim where the blood came from, victim indicated he had cut himself on the arm while doing the dishes. Victim told me that he had cut his arm with a knife and he could show me the knife. Victim showed me that cuts on his arm and on his chest. I asked victim to show me the cuts. Victim removed his shirt and showed me his cuts. The cut on his left forearm is about 3 inches in length and cut at an angle towards his body. The cut on his chest is about 2 inches long and cut at an angle away from the center of his chest. Victim then told me that he got the bump on his head by hitting himself on the head with a telephone. I asked victim why he hit himself on the head, and he said, "he did it because he loved Ms. Rigiroszi." I then contacted Ms. Rigiroszi. Upon contacting her, I noticed a big bruise on her forehead. I asked Ms. Rigiroszi what happened, and she said, "she hit herself in the head with the phone and hit her head on the kitchen wall several times." Ms. Rigiroszi then became very uncooperative and started arguing with me. I then noticed a large amount of blood on Ms. Rigiroszi's pants and hands. I asked Ms. Rigiroszi where she got the blood from, she said "from him and pointed to the "victim."" While checking the house, I found a large amount of blood on the kitchen floor and wall. I looked in the kitchen sink and on the kitchen counter and could not find any knives with blood on them. I did not see any knives other than the ones in the kitchen drawer and they were clean. Male victim was transported to hospital where the lacerations did not appear to be self-inflicted. Both male victim and Ms. Rigiroszi were arrested for assault/domestic violence and booked into the County Jail.

06/13/2000 – DUI – Pueblo, CO – Statement from Officer Rutherford with Pueblo Police Department narrative indicates Ms. Rigiroszi was observed driving 40 MPH in a 35 MPH at 0142 hours. When



stopped it was noted she was crying. When asked what was wrong, she said that she just got into a fight with her roommate. Officer noticed a strong odor of an unknown alcoholic beverage on her breath, eyes blood shot and speech were slurred. An opened 1.75-liter bottle of Runrico Puerto Rican Rum was between the driver's seat and passengers' seat. Ms. Rigiroszi agreed to perform some voluntary roadside maneuvers. Ms. Rigiroszi was unsteady on her feet and was crying profusely. Ms. Rigiroszi performed her roadside maneuvers poorly. Ms. Rigiroszi agreed to a PBT which she blow a 0.086%. I advised Ms. Rigiroszi per Express Consent Law and Ms. Rigiroszi chose breath. I transported her to Pueblo Police Department where I administered the breath test at 0229 hours and the result was .075%. Based on court documents Ms. Rigiroszi plead not guilty and DA dismissed the case.

5/26/2011 – Battery/Domestic Violence – Henderson, NV – Charge amended from domestic battery to breach of peace without fighting. Plea Nolo Contendere entered. Fines of \$637 to be suspended if no further arrests/citations any criminal for 6 months. Case dismissed on 5/21/2012

Statement from Officer M. Brown from Henderson Police Department – on 5/26/2011 at 0751 hours police were dispatched to a home with reference to a domestic battery call. While en route I was advised by dispatch that a female caller later identified as M. Rigiroszi was calling from inside the home stating that her husband had come home drunk and they were arguing. She then advised dispatch that she had thrown something at him, and he had now fallen, and that he was bleeding from the head. I was further advised by dispatch that they could hear a loud verbal argument over the phone, and they advised they heard the female stating, "you shouldn't have called, now the police will come." Dispatch then advised they heard the female state, "I wasn't even near you." Then the male state, "Fuck you." Officers arrived and attempted contact at the door, however, was met with negative results.

I was then advised by dispatch they could hear the male half crying and at this time no one was responding on the phone Dispatch then advised they could hear what sounding like someone brushing up against the phone, then the line disconnected. While these updates were being given to me, another officer has been continually knocking loudly on the front door and verbally identifying us as HPD. I requested that dispatch ask for the female to come to the front door, I was then advised that the phone had gone silent and disconnected. I was also advised there was a prior family disturbance recently at the same residence. While at the front door, several officers and I both observed what appeared to be dried blood on the porch area in front of the door. I was also advised by dispatch that medical had been staged.

Due to the fact I was advised there was prior history recently at the home with reference to a family dispute, information regarding the female and male arguing, crying and that something had been thrown at someone, they had fallen, were bleeding from the head and no one was responding on the phone or the front/back door, the phone line was disconnecting, I believed at this time someone within the residence might be injured, or was being injured and would need immediate assistance. I then forced entry acting under community care taking role by kicking the front door of the residence breaking the door frame causing it to open. As I entered the residence, I observed there to be broken glass at the bottom of the stairs, and small red beads all over the stairs leading upstairs. I also observed what appeared to be blood on the floor at the bottom of the stairs. Officers began to clear the upstairs portion of the home. I began to announce myself, reaching the top of the stairs I observed a white female, Ms. Rigiroszi, approach me from a bedroom. I observed what appeared to be blood on her right hand, and on her shirt. I then gave her verbal commands to show me her hands and walk towards me at which time she complied.



I then asked Ms. Rigiroszi where the male was, she then pointed to the bedroom and stated, "in there." I then entered the master bedroom at which time I observed a Hispanic male lying face down on the floor, bleeding heavily from the back of his head. I then gave him verbal commands to show me his hands at which time he complied. Officers then cleared the rest of the residence, finding no other persons inside. Medics treated male victim and advised they were transporting him to local hospital for treatment due to laceration on the back of his head, however his injuries did not appear to be serious.

Contacting Ms. Rigiroszi stated she has been married to victim for approximately 3 months. Victim came home around 5 am and was extremely intoxicated. She stated they began to argue and had been arguing for a couple of hours. Ms. Rigiroszi stated at some time earlier victim pushed her, however this was after she had advised officers, he did not do anything to her. She then stated as the argument continued over him being drunk, he began to walk toward the stairs to leave. Ms. Rigiroszi then grabbed a glass vase filled with small red beads and threw it at him striking him in the back of the head. It then hit the wall and broke. Victim then fell down the stairs. Ms. Rigiroszi then called the police do to the fact he was bleeding from the head. Victim then walked back up the stairs and to the bedroom where officers found him. I then asked Ms. Rigiroszi why did she not answer the door? She then stated, because I didn't want anyone going to jail." I then explained to Ms. Rigiroszi why I had to kick her door open, at which time she advised she understood. Ms. Rigiroszi then completed a witness statement form.

I attempted to ask victim what happened, however due to the victim appearing to be extremely intoxicated, he just continued to state. "I went down the stairs." I observed a small bruise on Ms. Rigiroszi's arm that appeared to be a couple of days old. When asked about the bruise Ms. Rigiroszi stated it was from a couple of days ago when she bumped into the wall. I observed no other injuries on Ms. Rigiroszi.

Due to the fact Ms. Rigiroszi and victim are married constituting a domestic relationship, the injuries I observed on victim, the physical evidence I observed at the scene, Ms. Rigiroszi's statements advising she struck the victim in the head with a glass vase and by doing so used unwanted use of force or violence upon victims person. I then identified Ms. Rigiroszi as the primary physical aggressor and placed her in custody for domestic battery.

Officers responded to local hospital to speak with victim to get further information, however victim refused to give any further information or complete a statement.

6/20/2011 – No arrest – just a report filed with Henderson Police Department –

Statement from Officer Massenburg from Henderson Police Department – on 6/20/2011 I was dispatched to the North Police substation in reference to a domestic argument. Upon arrival I made contact with Ms. Rigiroszi who had a female friend accompanying her in her vehicle. Ms. Rigiroszi stated she came home to her residence and confronted her husband about drinking to which he denied. Husband became upset and accusing her of drinking and cheating on him. He went to the bedroom and slammed the door at which time she went after him and told him to stop slamming doors to which he slammed the door again. She opened the door and told him that it was over, and she wanted a divorce. She then walked to the kitchen to which he followed and grabbed her in a bear hug while holding her against the stove. She told him multiple times to let go of her and to stop. He eventually let of of her but kept her pinned against the counter by having his arms on both sides of her on the counter preventing her from leaving. She climbed up on the counter to get away from him at which time she ran downstairs

(upstairs kitchen) got in her care and left. Ms. Rigiroszi called HPD and advised them she was on her way to file a report.

Ms. Rigiroszi stated she did not have any physical marks no did I observe any. She also stated no one else was home at the time of the incident.

Ms. Rigiroszi was adamant that she wanted police to remove her husband from the premises. I advised Ms. Rigiroszi several times that due to the fact that her and her husband both live at the residence that he could not be removed tonight. I attempted to provide her with information for Safehouse and Safenest so she had a safe place to stay and suggested she stay with her friend, but she was again adamant stating it was her house and why should she have to leave. I gave Ms. Rigiroszi a domestic violence blue card and advised her of its contents including obtaining a protection order against spouse. I advised Ms. Rigiroszi that I would be going to her residence to attempt contact with spouse to obtain his side of the story, at which time Ms. Rigiroszi stayed at the police station. I was unable to make contact with spouse.

4/9/2015 – DUI– LVMPD, NV – Nolo Contendere plea accepted. Plea included 65hours of community service in lieu of partial fine, DUI school, Victim impact panel. All items completed including fines of \$40.00.

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL200212120333

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEx, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ **Massage Therapist** ☐ **Structural Integration** ☐ **Reflexology**

### Applicant Name

**Last Name :** RIGIROZZI  
**First Name :** RAEANN  
**Middle Name :** M.



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

No record found.

**Mailing address :**

**Street :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Date of Birth**

**Place of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☐ Home ☐ Mailing ☒ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**

**notifications)**

☐ Yes ☒ No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
ID	MASG-648	2013	02/03/2015
CO	MT.0015127	2013	12/31/2020

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Colorado Institute of Massage Therapy	Colorado Springs	2003 - 2005	1150

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
200212120333-117795-Transcript.pdf	COLORADO INSTITUTE OF MASSAGE THERAPY-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
NCBTMB	Las Vegas, NV	01/01/2005

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
200212120333-117603-ScoreReportCard.pdf	NCETM	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information

Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** RIGIROZZI

**First Name :** RAEANN

**Middle Name :** M.

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 3/23/2020

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve  
☐ Marine Corps/Marine Corps Reserve  
☐ Navy/Navy Reserve  
☐ Air Force/Air Force Reserve  
☐ Coast Guard/Coast Guard Reserve  
☐ National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **RAEANN RIGIROZZI** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.



I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Raeann Rigirozzi

Date : 3/23/2020

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Certificate of Completion	OL200212120333-118248-Certificate-of-Completion.pdf	COLORADO INSTITUTE OF MASSAGE THERAPY-DIPL
Photo	1055-118093-RIGIROZZI, RAEANN.jpg	
Certified Statement	200212120333-117973-Certified-Statement.pdf	ID VERIF
Transcript	200212120333-117795-Transcript.pdf	COLORADO INSTITUTE OF MASSAGE THERAPY-TRANSCP
Score Report Card	200212120333-117603-ScoreReportCard.pdf	NCETM
Certified Statement	200212120333-117602-Certified-Statement.pdf	CO VERIF
Current Massage License	OL200212115332-117361-Current-Massage-License.jpg	
Social Security Card	OL200212115332-117360-Social-Security-Card.jpg	
Government Issued ID Card	OL200212115332-117359-Government-Issued-ID-Card.jpg	

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)



# Colorado Institute of Massage Therapy

Transcript of 1,150 Hours

Massage Therapy Certification Program

1490 West Fillmore

Colorado Springs, CO 80904

Phone (719) 634-7347

Fax (719) 447-9198

Last Name: Rigirozzi

First: Raeann

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Term / Class: Spring 2005

Current Status: Graduated

Enrollment Status: Full-time/Completed

Dates of Attendance: 7/22/2003-06/24/2005

Hours Enrolled In: 1,150

Hours Completed: 1,150

Incomplete Hours: 0

Overall GPA (4.0 Scale): 3.39

Section: Anatomy & Physiology		Sessions	Class Hours	Lab Hours	Total Hours	Grade
A101	Medical Terms	3	6.75	1.75	8.50	A
A102	Bones	8	18.00	7.75	25.75	B
A103	Structural Kines	14	31.50	46.00	77.50	C
A104	Functional Anatomy	6	13.50	20.00	33.50	A
A105	Neuromuscular Phys	8	18.00	12.00	30.00	A
A106	Postural Kines	6	13.50	8.00	21.50	B
A107	Pathology	6	13.50	4.00	14.50	B
<b>Anatomy &amp; Physiology Totals</b>		<b>51</b>	<b>114.75</b>	<b>96.50</b>	<b>211.25</b>	<b>GPA 2.97</b>

Section: Massage Theory		Sessions	Class Hours	Lab Hours	Total Hours	Grade
T101	Intro to NMT	4	9.00	0.00	9.00	C
T102	Foundations of Mt	3	6.75	0.25	7.00	A
T103	Self-Care	5	11.25	3.00	14.25	A
T104	Clin Apps I	3	6.75	0.00	6.75	A
T105	Practice Bldg	6	13.50	17.50	31.00	A
T106	SOAPS	4	9.00	11.25	20.25	B
T107	Trigger Point	11	24.75	47.50	72.25	B
T108	Clin Apps II	3	6.75	3.00	9.75	A
<b>Theory Totals</b>		<b>39</b>	<b>87.75</b>	<b>82.50</b>	<b>170.25</b>	<b>GPA 3.35</b>

Section: Technique		Sessions	Class Hours	Lab Hours	Total Hours	Grade
TC101	Swedish Massage	10	45.00	62.00	107.00	A
TC102	Joint Movement	5	22.50	36.00	58.50	A
TC103	NMT/Trigger Point	14	63.00	106.00	169.00	A
TC104	IANMT Certification Series	10	45.00	82.00	127.00	B
TC105	Integrative Techniques					
	/Subtle Techniques	5	22.50	43.00	65.50	A
TC106	Final Project / Internship Pres.	1	4.50	0.00	4.50	A
<b>Technique Totals</b>		<b>45</b>	<b>202.50</b>	<b>329.00</b>	<b>531.50</b>	<b>GPA 3.76</b>





# Colorado Institute of Massage Therapy

Transcript of 1,150 Hours

Massage Therapy Certification Program

1490 West Fillmore

Colorado Springs, CO 80904

Phone (719) 634-7347

Fax (719) 447-9198

Last Name: Rigirozzi

First: Raeann

Section: Student Clinic		Class Hours	Lab Hours	Total Hours	Grade
SC101FP	Student Clinic	0.00	0.00	0.00	
SC101CI*	Student Clinic with Internship (*Optional replacement for SC101FP)	0.00	124.00	124.00	C
<b>Student Clinic Totals</b>		0.00	124.00	124.00	<b>GPA 2.00</b>

Section: Related Workshops		Class Hours	Total Hours	*Pass / Fail
W1 <b>Required</b>	Sports Massage	8.00	8.00	P
W2 <b>Required</b>	CPR / First Aid	8.00	8.00	P
W3 <b>Required</b>	Hydrotherapy	8.00	8.00	P
W4 <b>Elective</b>	Related Body Work	8.00	8.00	P
W5 <b>Elective</b>	Spa MS	8.00	8.00	P
W6 <b>Elective</b>	Accupressure	8.00	8.00	P
W7 <b>Elective</b>	Cadaver	8.00	8.00	P
W8 <b>Elective</b>	Pilates, Yoga, TaiChi/ ISSA	8.00	8.00	P
<b>Special Events Totals</b>		64.00	0.00	64.00 <b>GPA 4.00</b>

Section: Special Events		Class Hours	Lab Hours	Total Hours	*Pass / Fail
SM101*	Sports or Marketing Massage (*Min. 16 hours in Sports massage )	0.00	32.00	32.00	P
R101	Research Hours	0.00	12.00	12.00	P
MT101	Office / Spa Hours	0.00	5.00	5.00	P
<b>Special Events Totals</b>		0.00	49.00	49.00	<b>GPA 4.00</b>

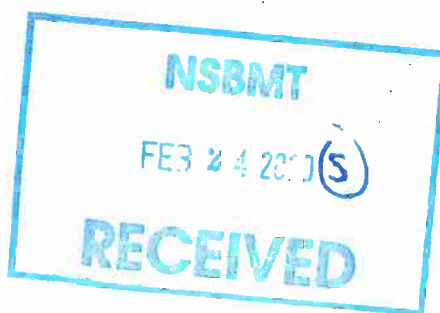
	Class Hours	Lab Hours	Total Hours	TOTAL GPA
<b>GRAND TOTALS:</b>	469.00	681.00	1150.00	3.389

Students must maintain a C average to graduate. Grade Point averages are figured on a standard 4 point scale.

A=4.00, B=3.00, C=2.00, D=0.00

P=Pass, F=Fail, N/A= Not Applicable, T=Transfer

Approved and regulated by the Department of Higher Education and the Division of Private Occupational Schools.





# Colorado Institute of Massage Therapy

**Raeann Rigiroszi**

**1150 Hours**

Course Number	Course Name	Anatomy, Physiology & Kinesiology	Massage Theory, Technique & Practice	Business of Massage	Pathology	Other	Total
A101	Medical Terms	8.5					8.5
A102	Bones	25.75					25.75
A103	Structural Kinesiology	77.5					77.5
A104	Functional Anatomy	33.5					33.5
A105	Neuromuscular Physiology	30					30
A106	Postural Kinesiology	21.5					21.5
A107	Pathology				14.5		14.5
T101	Intro to NMT		9				9
T102	Foundations of Massage			7			7
T103	Self-Care		14.25				14.25
T104	Clinical Applications I		4.75		2		6.75
T105	Practice Building			31			31
T106	SOAP Notes			20.25			20.25
T107	Trigger Point Theory		72.25				72.25
T108	Clinical Applications II		7.75	1	1		9.75
TC101	Swedish Massage		107				107
TC102	Joint Movements		58.5				58.5
TC103	NMT/ Trigger Point Release		169				169
TC104	IANMT		127				127
TC105	Integrative Techniques		65.5				65.5
WRKSHP	Various Workshops		56			8	64
MT101	Office/Spa Hours			5			5
SM101	Sports & Marketing Massage		32				32
SC101CI	Student Clinic		124				124
R101	Research Hours			12			12
TC106	Final Project		4.5				4.5
		196.75	851.5	76.25	17.5	8	1150

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**FEB 24 2020**

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Phone: (719) 634-7347 Toll Free: (888) 634-7347 Fax: (719) 447-9198

1490 W. Fillmore St., Colorado Springs, CO 80904

Web: [www.cimt.com](http://www.cimt.com) Email: [info@cimt.com](mailto:info@cimt.com)

Institutional Accreditation with Commission on Massage Therapy Accreditation

Approved and Regulated by the Department of Higher Education, Private Occupational School Board

# CINMT

COLORADO INSTITUTE OF MASSAGE THERAPY

Colorado Springs, Colorado



Bestows upon

***Raeann Rigirozzi***

A Diploma of Graduation

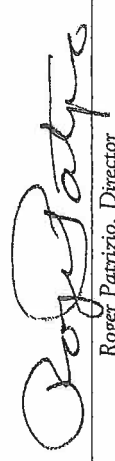
In

Massage Therapy

1,150 hours

Certifies satisfactory completion of Neuromuscular Therapy, Joint Movement, Trigger Point Release, Anatomy and Physiology, Deep Tissue, Swedish and Sports Massage.

Awarded in Proud Testimony Whereof, Signed and dated this 24<sup>th</sup> day of June, 2005

  
Roger Patrizio, Director

Program approved by the American Massage Therapy Commission  
Approved and Regulated by the Department of Higher Education, Division of Private Occupational Schools

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## Official NCBTMB Score Report

**Reann Rigirozzi**

**UNITED STATES**

**DOB:**



**Exam Name:** NCETM

**Exam Date:** 12/7/2005

**Exam Result:** PASS

**Candidate ID:** 440226-00

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 [scores@ncbtmb.org](mailto:scores@ncbtmb.org) or call 800-296-0664.







## Lookup Detail View

### Licensee Information

*This serves as primary source verification\* of the license.*

*\*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Raeann Marie Rigirozzi	Pueblo, CO 81006

### Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
MT.0015127	Endorsement	Massage Therapist	Active	07/09/2013	01/01/2019	12/31/2020

### Board/Program Actions

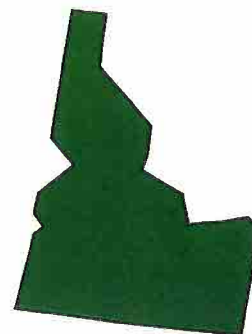
Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 2/25/2020 10:33:56 AM





STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063



CERTIFICATION  
OF  
RECORD

Date of Certification: Wednesday, February 26, 2020

PUBLIC RECORD

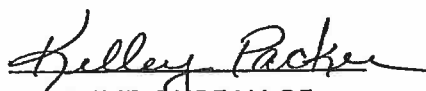
Licensee Name: RAEANN MARIE RIGIROZZI  
Profession: MESSAGE THERAPIST GRANDFATHER  
Number: MASG-648  
Public Record Address: PO BOX 2948  
City, State, Zip: MCCALL, ID 83638  
Date of Original Record: 06/29/2013  
Issued By: Grandfather  
Status: Not Current Discipline Status: None  
Last Action: Expired  
Action Date: 2/3/2015  
Cancelled Date: 2/3/2015  
Qualifications:



Disciplinary Action: None

OFFICIAL CERTIFICATION

I hereby verify that the above information is true and accurate and constitutes a current public record of the above named licensee.

  
CHIEF, BUREAU OF  
OCCUPATIONAL LICENSES

February 26, 2020



This is to verify that the

Colorado Institute of Massage Therapy  
Colorado Springs  
Colorado

Has been awarded Institutional Accreditation by the

COMMISSION ON MASSAGE THERAPY ACCREDITATION

for the term April 2017 through October 2023

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Be it known that the Commission has verified that at the beginning of the term of accreditation, the aforementioned program was in compliance with all accreditation standards.

*Dawn Hogue*

COMTA Chair

*Kathy Gulecki*

COMTA Executive Director





# State of Colorado

Division of Private Occupational Schools

Department of Higher Education

## APPROVED SCHOOL

This is to Certify that Colorado Institute of Massage Therapy

Name of School

Located at 1490 W. Fillmore St., Colorado Springs, CO 80904

Address, City, State, Zip Code

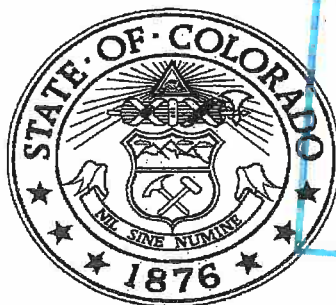
Meets the requirements for Certificate of Approval pursuant to the Private Occupational Education Act of 1981, Title 12, Section 101, et seq., C.R.S.

TYPE OF CERTIFICATE Standard

EXPIRATION DATE 06/30/2020

In Witness Whereof, is affixed the Seal of the State of  
Colorado by the Department of Higher Education this

1st day of July, 2017  
Month Year



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FEB 24 2020  
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DIRECTOR



**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>

April 22, 2020

Raeann M. Rigirozzi

Re: DISPOSITION OF RECORD

Dear Ms. Rigirozzi,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome for the incident(s).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **10/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

A blue ink signature of Tereza Van Horn.

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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



To Whom It may Concern,

On 9/28/97 I was pulled over for speeding on I-25. The officer asked if I had been drinking. I answered honestly and said yes. The officer give me a roadside test that he stated that I failed. I then did a breath test . The officer arrested me and I was released from jail. I went to court, I was court ordered to attend alcohol classes and was given a 1 Year deferred sentence. The year went by and I satisfied the court by attending my classes. I did not receive a **DUI** it was a **DWAI**, blg difference. I did not lose my license.

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REGISTER OF ACTIONS  
MISDEMEANOR/TRAFFIC/INFRACTIONS

COUNTY COURT, COUNTY OF Pueblo  
STATE OF COLORADO

BOND INFORMATION

Bond set at \$ Type  
Surety  
Bond reduced to \$  
Bond filed  
Bond ordered returned *Verbal E.O. 10/17/97*  
Defendant's attorney *Biddle*

PEOPLE OF THE STATE OF COLORADO VS.  
DU RIGIROZZI, RAEMM M

Case # 97T-008120  
3  
Division/Judge/Magistrate  
DEFENDANT, Name, address, DOB

Complaint Filed 9/28/1997  
Summons Issued # 2/02/1979  
Complaining Officer 1127786  
First appearance 10/20/1997  
Continued to 12/29/97 4:00 pm  
Continued to 4/17/98 1:15 pm *PEAS ordered*

FIRST APPEARANCE/ADVISEMENT/FURTHER ACTION

Date 10/17/97  
Defendant ☐ Pro Se ☐ with counsel *ATD. waives, address*  
☐ Advised of rights, nature of charges, possible penalties  
☐ Written entry and plea by  
☐ Telephone setting by  
☐ Defendant failed to appear; bench warrant to issue  
☐ B/W issued Continued  
☐ B/W terminated  
☐ Defendant failed to appear; default judgment entered  
☐ Default judgment paid  
☐ Waiver/Guilty Plea

CHARGES/PLEAS

Date  
Defendant ☐ Pro Se ☐ with counsel  
Charge Statute Offense Description Plea  
#1 42-4-1301(1)(b) M  
#2  
#3  
#4  
#5

DISMISSALS/AMENDMENTS/PLEAS

Date  
Defendant ☐ Pro Se ☐ with counsel  
Charge ☐ People's motion to dismiss the following granted.  
☐ People's motion to amend the following to, granted.  
#1  
#2  
#3  
#4  
#5

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HEARING/TRIAL/SENTENCE

Date 4-1-98  
Defendant ☐ Pro Se ☒ with counsel *Biddle*  
☐ Sentence Trial to ☐ Court ☐ Jury of  
Charge Findings Fine Suspended Costs Total Due SOE to Jail Suspended  
#1 *DIS 12.00* *NSU, DCU, full compliance w/ Ord*  
#2 *CC 409*  
#3 *Rest. & CSP 12.45*  
#4 *24 hrs. UPS*  
#5 *LEV II Ed 20 1x mtd.*

PRE-SENTENCE/PROBATION

☒ Alcohol evaluation ordered. ☐ Pre-sentence report ordered.  
☐ Hearing set for  
☐ Probation granted for to  
☐ Probation denied. ☐ Stay of execution during probation.  
☐ Deferred prosecution granted for to  
☐ Deferred sentencing granted for to 4/1/98  
☐ Restitution of \$ ordered by  
☐ Other stipulations. ☐ Probation Terminated. Case Closed.  
☒ People's motion allowing defendant's guilty plea to be withdrawn, granted  
Defendant discharged from deferred sentence.  
☐ Advisement given per Sec. 24-72-308, CRS.  
☐ Final Adjudication. So ordered and approved.

FISCAL DATA

Bond *Cash* Date *4-6-98* Receipt # *36175 FIC*  
Returned  
Jury Fee  
Returned  
Fines  
Victim Assistance Fee (37%)  
Court Costs  
Sheriff Fee/Witness Fees  
Probation Fee  
Alcohol Fee  
Victim Compensation Fee  
Attorney Fees  
LEAF  
UPS Fee  
Total Due \$  
Payment \$

CONTINUE OR REVERSE

COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97 T 6120

DIVISION 3

PLEA OF GUILTY AND ADVISEMENT PER COLORADO RULES OF CRIMINAL PROCEDURE, RULES 5 AND 11  
**DRIVING UNDER THE INFLUENCE (DUI)** (C.R.S. 42-4-1301(1)(a), as amended) or  
**DRIVING WHILE ABILITY IMPAIRED (DWAI)** (C.R.S. 42-4-1301(1)(b), as amended)

THE PEOPLE OF THE STATE OF COLORADO,  
 v.

Racann Riggiozzi

Defense Attorney Biddle

The undersigned acknowledges that he/she is the defendant in this case and that his/her name is as stated above.  
 THE PARTIES present the following plea agreement to the Court:

1) **CHARGES:**

- a. Defendant pleads guilty to: ☐ Driving Under the Influence; ☒ [REDACTED]
- b. ☒ All other charges will be dismissed, or
- c. ☐ the defendant also pleads guilty to \_\_\_\_\_  
 the remaining charges will be dismissed.

2) **SENTENCING:** ☐ Supervised Probation ☐ Court Supervised Probation ☒ [REDACTED]  
☐ Conditional Suspended Sentence Term: 1 year ☐ Other

- a) ☐ Defendant will pay a fine of \$\_\_\_\_\_, plus court costs.
- b) ☐ Defendant will perform \_\_\_\_\_ hours Useful Public Service.
- c) ☐ Defendant will pay restitution, as determined by the District Attorney or Court.
- d) ☒ Defendant will pay costs in the amount of \$12.45 to the law enforcement agency which issued the charge. State Patrol
- e) Defendant will not drive without a valid license and insurance.
- f) Defendant will commit no criminal violations during the term of this sentence.
- g) Defendant will comply with all other conditions imposed by the Court.

OTHER AGREEMENTS: [REDACTED]

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There are no other agreements. Any other conditions will be left to the discretion of the Court.

Defendant acknowledges that he/she has read and understands the advisement of rights on the opposite side of this agreement and defendant understands that by entering his/her plea of guilty to the charge, he/she is waiving and giving up all of the rights set forth in Section I on the opposite side of this plea agreement. Defendant also acknowledges that he/she has read and understands the statement in Sections II on the opposite side of this agreement, and those statements are true and correct.

Dated: April 1, 1998

[Signature]  
 Deputy District Attorney

Dated: 4/1/98 Racann Riggiozzi  
 Defendant

Dated: 4/1/98 David Biddle  
 Defense Attorney 001248

**WAIVER OF RIGHT TO A LAWYER**

I acknowledge that I understand my right to have a lawyer represent me as explained in Section I on the reverse side of this plea agreement. I am voluntarily giving up that right and choose to enter a plea of guilty at this time without the advice of a lawyer.

Dated: \_\_\_\_\_ Defendant's signature \_\_\_\_\_

**ATTORNEY CERTIFICATE**

I inform the Court that I have advised my client pursuant to Rules 5 and 11, C.R.Crim.P., and have reviewed this agreement with my client. It is my opinion that my client is entering into this agreement freely and voluntarily.

[Signature]  
 Attorney for the Defendant

INVESTIGATIONS DIVISION  
583-7081

**PROBATION DEPARTMENT**

10th JUDICIAL DISTRICT  
Judicial Building, 320 West 10th  
PUEBLO, COLORADO 81003



**District Court Judges:**  
**HON. C. DENNIS MAES**  
**Chief Judge**

HON. EUGENE T. HALAAS  
HON. GERALD A. MARRONEY  
HON. ROSALIE VIGNA  
HON. JAMES A. FRASHER  
HON. DAVID A. COLE

**County Court Judges:**

HON. ADELE K. ANDERSON  
HON. KATHLEEN K. HEARN  
HON. ERNEST J. RUYBAL

**Gus Sandstrom**  
**District Attorney**  
**10th Judicial District**  
**201 W. 8th Street**  
**Pueblo, CO 81003**

RE: Raean Riggiozzi

Case No.: 97T6120-3

Please be informed that the above mentioned has successfully completed all conditions of the deferred sentence for DWI/ DWAI granted on 04/01/98 \_\_\_\_\_ for a period of one year.

Respectfully,

*Udora pensina*

**Utahna Lemoine,  
Alcohol/Drug Evaluation Specialist**

APPROVED:

(for) Chief of Probation Services

cc: Judge

SECRET

[illegible]

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SENTENCING ORDER: DUI/DWI  
(Not a Mitimus)

NAME Raeann Rigillozzi

CASE NO. 97T6120-3

1. ☒ Deferred Sent. Granted 1 mos./yrs ☒ Court supervised  
☐ Probation Granted        mos./yrs ☐ Supervised by Probation Dept.  
☐ Probation Revoked & Re-granted        mos./yrs ☒ Monitored by Probation Dept.

**IF PROBATION OR DEFERRED SENTENCING GRANTED, YOU MUST PROVE FULL PERFORMANCE OF ALL ASPECTS OF THE COURT'S SENTENCING ORDER AS A CONDITION.**

2. 0 days/mos./yrs. in County Jail, or        days/mos./yrs In-Home Detention granted beginning        Alternatives:         
☐ As condition of probation ☐ Straight sentence  
☐ Work Release considered ☐ Credit for        days served  
☐ Work Release Granted ☐ Concurrent with/Consecutive to         
☐ days suspended on condition of full performance of all aspects of sentencing order.

3.        additional days in County jail are imposed but will be suspended if you show the Court that you have fully complied with all aspects of this sentencing order. You must appear in Court on        to show your compliance or begin serving this portion of your jail sentence.

4. 14 hrs. UPS; (1 REPORT FOR UPS ORIENTATION IN ROOM 137 ON DATE SET BY PROBATION.  
☒ REPORT FOR UPS ORIENTATION IN ROOM 137 ON 4/20/98 at 10 A.M.)  
☐ Charitable contribution in lieu of Public Service ordered in amount of \$        to

5. ☒ No further violations of law of any kind except minor traffic violations under 8 pts. and fish and game violations.  
☐ No violations of any traffic law  
☒ No similar violations  
☐ Abide by any additional terms and conditions imposed by probation department  
☒ Do not drive without a valid license and insurance

**6 (REPORT TO ROOM 302 TODAY WHEN YOU LEAVE COURTROOM & DO THE FOLLOWING):**

- |   |   |
|---|---|
| <input type="checkbox"/> Level 1 Alcohol Education                          | <input type="checkbox"/> Consume no alcohol or illegal drugs;   |
| <input checked="" type="checkbox"/> Level 2 Alcohol Education <u>20 hrs</u> | <input type="checkbox"/> Immediately begin monitored antabuse as recommended by treatment agencies if medically possible. |
| <input type="checkbox"/> 26 hrs. Level 2 Therapy                            | <input type="checkbox"/> Attend AA <u>      </u> times per week and provide proof to Court                                |
| <input type="checkbox"/> 40 hrs. Level 2 Therapy                            | <input type="checkbox"/> Immediately obtain an Alcohol Evaluation in Room 302.  |
| <input checked="" type="checkbox"/> 1 MADD Victim Impact Group              | <input type="checkbox"/> Comply with all Probation Dept. recommendations regarding alcohol therapy and/or education.      |
| <input type="checkbox"/> Random UA/BA                                       | <input type="checkbox"/> Do inpatient therapy, minimum of <u>      </u> days. OBTAIN FIRST AVAILABLE BED SPACE.           |

7. ☒ Restitution. Pay \$ 12<sup>45</sup> for Colo State Patrol  
Pay in Room 101 or through Collection Investigator in Room 105.

8. \$        Fine; \$        Suspended on condition of full performance of all aspects of sentencing order.

**9. COSTS (REPORT TO ROOM 101/105 TODAY AS SOON AS YOU LEAVE COURTROOM TO PAY COSTS)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> \$18 court costs                    | <input checked="" type="checkbox"/> \$60 UPS fee        |
| <input checked="" type="checkbox"/> \$25 Victims Comp. fund             | <input type="checkbox"/> \$5 MADD Victim's Impact Panel |
| <input checked="" type="checkbox"/> \$90 LEAF                           | <input type="checkbox"/> \$50 Probation Supervision Fee |
| <input checked="" type="checkbox"/> Victim's Assistant Fund (\$60 min.) | <input type="checkbox"/> OJW fee (\$30 per warrant)     |
| <input type="checkbox"/> 37% of fine.                                   | <input type="checkbox"/> OTHER <u>      </u>            |
| <input checked="" type="checkbox"/> \$156 Alcohol Evaluation Fee        |   |

10. Any bond posted is ordered released and discharged.

DATE: 4/1/98

COUNTY JUDGE       

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COLORADO ALTERNATIVE SENTENCING PROGRAM  
USEFUL PUBLIC SERVICE / 10TH JUDICIAL DISTRICT

CASE NO: 97T6120

JUDGE RUYBALID

DIVISION: 3 ✓

CONCLUDING REPORT ON COMPLIANCE OF USEFUL PUBLIC SERVICE

DATE: 07/09/98

COURT REVIEW: 04/01/99

END OF: Probation / Deferred

NAME: RAEANN RIGIROZZI

D.O.B. : 02/02/79

COMPLIANT: YES

HOURS ORDERED: [REDACTED]

HOURS DONE: [REDACTED]

AGENCY: DAVE ROBERTS (LANDFILL)

COMMENTS:

RESPECTFULLY SUBMITTED:

*Shirley Martinez*

DATE: 7/9/98

USEFUL PUBLIC SERVICE/ COLORADO ALTERNATIVE SENTENCING PROGRAM

cc: District Attorney  
COURT SUP  
BIDDLE

UPS file

NSBMT

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FILED IN PUBLIC  
COURT  
DA 11/10 AM 1:30

COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97 T 6120

DIV .3

ENTRY OF APPEARANCE

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIROZZI,

Defendant.

COMES NOW, DAROL C. BIDDLE, and enters his appearance as attorney of record for the Defendant, in the above-captioned matter.

DATED this 1st day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
Attorney for Defendant  
323 South Union Avenue  
Pueblo, Colorado 81003  
Telephone: (719) 542-1385

98 JAN 28 2:33 PM  
CLERK OF COURT  
PUEBLO, CO

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COUNTY COURT, PUEBLO COUNTY, COLORADO

CASE NO. 97 T 6120

DIV.3

REQUEST FOR JURY TRIAL

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIROZZI,

Defendant.

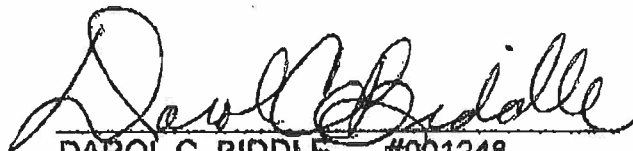
98 JAN 28 P 2:33

FILED IN PUEBLO  
COUNTY COURT

COMES NOW, the above-named defendant, by and through her attorney, DAROL C. BIDDLE, and hereby requests a trial by jury in the above-captioned case.

DATED this 1st day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
Attorney for Defendant  
323 S. Union Ave.  
Pueblo, Co. 81003  
Telephone: (719) 542-1385

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1-22-98

COUNTY COURT, PUEBLO COUNTY, STATE OF COLORADO

CASE NO. 97 T 6120

DIV.3

REQUEST FOR AN OMNIBUS HEARING

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIROZZI,


Defendant.

FILED IN PUEBLO  
COUNTY COURT  
98 JAN 28 2:33

COMES NOW the Defendant, pursuant to Part IV of Rule 16, Colorado Rules of Criminal Procedure, and requests an omnibus hearing to facilitate to implementation of discovery procedure.

DATED this 1st day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
323 S. Union Ave.  
Pueblo, Co. 81003  
Telephone: (719) 542-1385

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1-29-98

COUNTY COURT, PUEBLO COUNTY, COLORADO

CASE NO.

DIV.

MOTION TO SUPPRESS OBSERVATIONS

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAYANN RIGIROZZI,

Defendant.

FILED IN PUEBLO  
COUNTY COURT  
28 JAN 28 P 2:33

COMES NOW, the defendant and moves the Court for an Order suppressing any and all observations made by all law enforcement personnel with respect to the said Defendant which occurred subsequent to the illegal stop and arrest of the Defendant. As grounds therefore, Defendant states:

1. This defendant was stopped and arrested by a law enforcement officer on the 28th day of September, 1997. Following his stop and arrest, law enforcement personnel may have made certain observations of the Defendant relating to his state of sobriety.

2. The stop and arrest of this defendant were illegally and unconstitutionally made without a warrant and without probable cause in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of the Colorado Constitution.

3. Each and every observation made of the defendant by law enforcement officers were made as the fruit and result of the aforesaid unlawful stop and arrest of the defendant.

WHEREFORE, the defendant prays for an Order suppressing any and all observations by law enforcement personnel of the Defendant relating to the Defendant's state of sobriety subsequent to his stop and arrest..

DATED this 20th day of December, 1997.

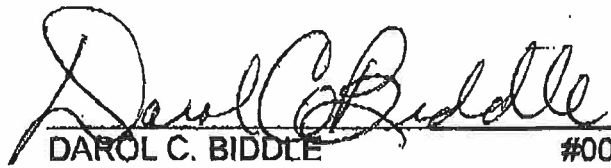
Respectfully submitted,

NSBMT

APR 29 2020

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129-98



DAROL C. BIDDLE

#001248

Attorney for Defendant  
323 South Union Avenue  
Pueblo, Colorado 81003  
Phone: (719) 542-1385

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APR 29 2020

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COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97 T 6120 DIV. 3

MOTION TO SUPPRESS STATEMENTS

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIRROZI,

Defendant.

98 JAN 28 P 2:33

FILED IN PUEBLO  
COUNTY COURT

COMES NOW the Defendant, by and through his attorney, DAROL C. BIDDLE, and moves the Court for an Order suppressing in any criminal proceeding the following evidence:

1. Any and all statements of this Defendant to any police officer, to any employee of the District Attorney's Office or to any other federal, state or local law enforcement officer, agent or informer.
2. Any evidence, tangible or intangible, obtained as the result of the statements unlawfully procured from this Defendant.

AS GROUNDS FOR THIS MOTION, Defendant states as follows:

1. All of the aforesaid statements are inadmissible since they were obtained in violation of the Defendant's right to due process of law as guaranteed to him by the Fifth and Fourteenth Amendments to the United States Constitution and Article II, Section 25 of the Colorado Constitution.
2. All of the aforesaid statements are inadmissible since they were obtained in violation of this Defendant's privilege against self-incrimination and his right to effective assistance of counsel as guaranteed by Article II, Section 16 and Article II, Section 18 of the Colorado Constitution and the Fifth, Sixth and Fourteenth Amendments to the United States Constitution.
3. All of the aforesaid statements were obtained as the direct result of the unconstitutional arrest of the Defendant without probable cause in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of

APR 29 2020

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the Colorado Constitution.

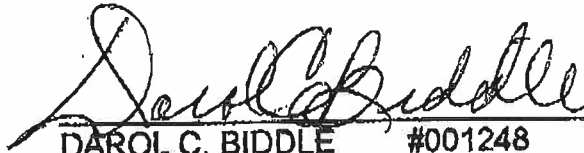
4. All of the aforesaid statements were obtained as the direct result of the violation of Rule 5(a) of the Colorado Rules of Criminal Procedure, which requires that an arrested person be taken before a County Judge without unnecessary delay.

5. All of the aforesaid statements were obtained without advising this Defendant that he was being interrogated for the purpose of obtaining evidence of the specific offenses with which he is herein charged as required by his right to effective assistance of counsel and by his privilege against self-incrimination.

WHEREFORE, this Defendant prays for an order suppressing as evidence against him in any criminal proceeding the above-specified evidence.

DATED this 20th day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248

Attorney for Defendant

323 S. Union Ave.

Pueblo, Co. 81003

Telephone: (719) 542-1385





COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97 T6120

DIV. 3

MOTION TO SUPPRESS PERFORMANCE TEST

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIRROZI,

Defendant.

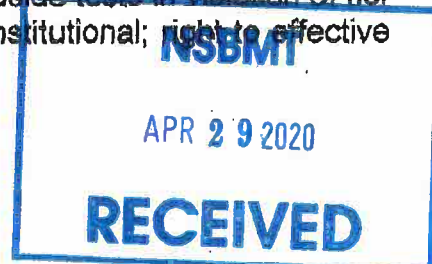
98 JAN 28 P 2:34

FILED IN PUEBLO  
COUNTY COURT

COMES NOW the defendant and moves the Court for an Order suppressing as evidence in any criminal proceeding, any video tape made of the Defendant following her stop and arrest in this case, testimonial evidence concerning the Defendant's performance of any physical tests after she was contacted by the law enforcement agents in this case and any evidence which is the fruit of such tests.

AS GROUNDS, THEREFOR, Defendant states:

1. At or about the time of the Defendant's stop and arrest and following her stop and arrest in connection with this case, law enforcement officers directed her to perform certain physical tests to check her motor skills, reflexes and coordination.
2. The aforesaid tests were performed by the Defendant involuntarily and without obtaining her consent.
3. The aforesaid tests were performed as the direct result of the unconstitutional and illegal stop and arrest of the Defendant without a warrant in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of the Colorado Constitution.
4. Performance of the aforesaid tests was obtained without advising this Defendant that she was being directed to perform such tests for the purposes of obtaining evidence of the specific offense with which she is charged as required by her right to effective assistance of counsel and by her privilege against self-incrimination.
5. The Defendant was required to perform the roadside tests in violation of her constitutional privilege against self-incrimination and her constitutional right to effective

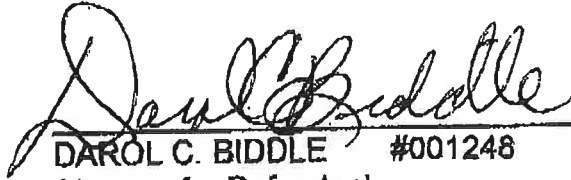


assistance of counsel.

WHEREFORE, the Defendant prays for an Order suppressing as evidence the aforesaid tests and any evidence which was obtained as the result and fruit of such tests.

DATED this 20th day of December, 1997.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Darol C. Biddle", is written over a horizontal line.

DAROL C. BIDDLE #001248

Attorney for Defendant

323 S. Union Ave.

Pueblo, Co. 81003

Telephone: (719) 542-1385

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COUNTY COURT, PUEBLO COUNTY, COLORADO

CASE NO. 97T6120

DIV. 3

MOTION TO SUPPRESS BREATH SAMPLE

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIRROZI,

Defendant.

88 JAN 28 P 2:34

FILED IN PUEBLO  
COUNTY COURT

COMES NOW, the Defendant, and moves the Court for an Order suppressing as evidence the breath sample secured from this Defendant and the results of tests performed on such breath sample.

AS GROUNDS, THEREFORE, Defendant states:

1. The Defendant was arrested on the 18 day of September 1997. Following her arrest, the Defendant was required to provide a sample of her breath for the purpose of determining the alcohol content of her blood.

2. The aforesaid breath sample was obtained in violation of C.R.S. 1973, 42-4-1202(3).

3. The aforesaid breath sample was obtained as the direct result of the unconstitutional and illegal arrest of the Defendant without a warrant in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of the Colorado Constitution.

WHEREFORE, Defendant prays for an Order suppressing as evidence the breath sample and the results of any tests performed on such breath sample.

DATED this 20th day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE

#001248

Attorney for Defendant  
323 South Union Avenue  
Pueblo, Colorado 81003

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128.98

PROOF OF SERVICE

The undersigned hereby certifies that on this <sup>9</sup>~~20~~<sup>January</sup> day of ~~December~~, 1997, a true and correct copy of the foregoing was mailed, postage prepaid, by placing same in the U.S. Mail, addressed to:

The District Attorney's Office  
201 W. 8th St.  
Suite 801  
Pueblo, Co. 81003

FILED IN PUEBLO  
COUNTY COURT  
98 JAN 28 P 2:14

Carol G. Rodella



1-29-98

IN THE COUNTY COURT, COUNTY  
OF PUEBLO AND STATE OF COLORADO

CASE NO. 9TT6120 DIV. 3 DATE 12/29/97  
NAME Rigirozzi, Raeanne M DOB: \_\_\_\_\_ ATD Biddle

NEXT COURT APPEARANCE DATE: FAILURE TO PROVIDE THE COURT WITH YOUR CASE NUMBER  
WILL REQUIRE YOU TO PAY AN ADDITIONAL \$2.00 SEARCH FEE

4/1/98 AT 15 AM/PM FOR PES  
\_\_\_\_ AT \_\_\_\_\_ AM/PM FOR \_\_\_\_\_  
\_\_\_\_ AT \_\_\_\_\_ AM/PM FOR \_\_\_\_\_

Defendant entered a plea of G \_\_\_\_\_ NG \_\_\_\_\_ NC \_\_\_\_\_ SPEEDY TRIAL WAIVED \_\_\_\_\_

Defendant has 20 days to file written motions \_\_\_\_\_

COPY given / mailed to:

DEF DDA ATD  
\_\_\_\_ PCJ \_\_\_\_\_ AES \_\_\_\_\_  
\_\_\_\_ CSP \_\_\_\_\_ PPD \_\_\_\_\_  
\_\_\_\_ PROB \_\_\_\_\_  
\_\_\_\_ UPS \_\_\_\_\_ HOURS \_\_\_\_\_  
\_\_\_\_ SURETY \_\_\_\_\_  
\_\_\_\_ OTHER \_\_\_\_\_

DEFENDANT WAS ADVISED THAT PAYMENT OF FINES/COSTS WILL BE DUE AT  
TIME OF SENTENCING

PAYMENTS NOT PAID IN FULL ON DATE OF SENTENCING WILL BE ASSESSED  
AN ADDITIONAL \$25 FEE. FAILURE TO PAY FEES OR APPEAR ON DATE  
SPECIFIED WILL RESULT IN YOUR ARREST AND CONFINEMENT IN THE PUEBLO  
COUNTY JAIL AND AN ADDITIONAL \$30 ADMINISTRATIVE FEE.

ESTIMATED COSTS \$ \_\_\_\_\_ DUE AT SENTENCING

FINES & COSTS

DEFENDANT'S SIGNATURE

DATE

TOTAL DUE \$ \_\_\_\_\_

Pay in Rm. #101 / Make Arrangements for payment in Rm. #105

FINE CT. #1	____ VAF CT. #1	____ VCF	____ CC
FINE CT. #2	____ VAF CT. #2	____ VCF	____ ADM
FINE CT. #3	____ VAF CT. #3	____ VCF	____ UPS
FINE CT. #4	____ VAF CT. #4	____ VCF	____ OTHER
FINE CT. #5	____ VAF CT. #5	____ RESTITUTION	____
FINE CT. #6	____ VAF CT. #6	____ TO:	____

Report for UPS Orientation in Room #136 on \_\_\_\_\_ at \_\_\_\_\_ am / pm

(UPS fee must be paid at orientation) UPS PH # 583-7027

Traffic school LEVEL \_\_\_\_\_

Defendant ordered released from custody as to this case only

No Affidavit or Charges filed, BOND ORDERED DISCHARGED

PAY PUBLIC DEFENDER FEE IN RM #101 \_\_\_\_\_ PRETRIAL W/DDA HELD

BOND DISCHARGED

BOND REDUCED TO \$ \_\_\_\_\_ CSP / PR

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REQUEST FOR PRESENTENCE INVESTIGATION

(CLASS 1 MISDEMEANORS ONLY) OR ALCOHOL / DRUG EVALUATION.

You are to report immediately to the  
Probation Department, Room # 305 / 302,  
Third Floor, Judicial Bldg., Pueblo Colo.

NAME Rigirozzi Ralann CASE NO. 9TT6120 DIV. 3 DATE 12/29/97

CHARGES: PLEA / VERDICT (Gilty / Dismiss)

CT. 1. DWAI CT. 1. g/d/s

CT. 2. CT. 2.

CT. 3. CT. 3.

CT. 4. CT. 4.

CT. 5. CT. 5.

CT. 6. CT. 6.

CO-DEFENDANTS:

PRESENTENCE INVESTIGATION ALCOHOL / DRUG EVALUATION

RECORD CHECK ONLY OTHER

DISTRICT ATTORNEY Desaulniers DEFENDANT'S ATTORNEY Biddle

CONTINUE TO: 4/1/98 AT 1:15 AM/PM FOR P&S

REMARKS .093 BAC

DOO:

DOB:

NSBMT

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IN THE COUNTY COURT, COUNTY  
OF PUEBLO AND STATE OF COLORADO

CASE NO. 97J6120 DIV. 3 DATE 10/17/97  
NAME Rigirozzi, Rocco DOB: \_\_\_\_\_ ATD Biddle

NEXT COURT APPEARANCE DATE: FAILURE TO PROVIDE THE COURT WITH YOUR CASE NUMBER  
WILL REQUIRE YOU TO PAY AN ADDITIONAL \$2.00 SEARCH FEE

Dec 29, 1997 AT 4<sup>00</sup> AM/PM FOR Rc  
\_\_\_\_ AT \_\_\_\_\_ AM/PM FOR \_\_\_\_\_  
\_\_\_\_ AT \_\_\_\_\_ AM/PM FOR \_\_\_\_\_

Defendant entered a plea of G \_\_\_\_\_ NG \_\_\_\_\_ NC \_\_\_\_\_ SPEEDY TRIAL WAIVED \_\_\_\_\_

Defendant has 20 days to file written motions \_\_\_\_\_

COPY given / mailed to:

DEF DDA ATD \_\_\_\_\_  
PCJ \_\_\_\_\_ AES \_\_\_\_\_  
CSP \_\_\_\_\_ PPD \_\_\_\_\_  
PROB \_\_\_\_\_  
UPS \_\_\_\_\_ HOURS \_\_\_\_\_  
SURETY \_\_\_\_\_  
OTHER \_\_\_\_\_

DEFENDANT WAS ADVISED THAT PAYMENT OF FINES/COSTS WILL BE DUE AT  
TIME OF SENTENCING

PAYMENTS NOT PAID IN FULL ON DATE OF SENTENCING WILL BE ASSESSED  
AN ADDITIONAL \$25 FEE. FAILURE TO PAY FEES OR APPEAR ON DATE  
SPECIFIED WILL RESULT IN YOUR ARREST AND CONFINEMENT IN THE PUEBLO  
COUNTY JAIL AND AN ADDITIONAL \$30 ADMINISTRATIVE FEE.

ESTIMATED COSTS \$ \_\_\_\_\_ DUE AT SENTENCING

FINES & COSTS

DEFENDANTS SIGNATURE

DATE

TOTAL DUE \$ \_\_\_\_\_

Pay in Rm. #101 / Make Arrangements for payment in Rm. #105

FINE CT. #1	____	VAF CT. #1	____	VCF	____	CC	____
FINE CT. #2	____	VAF CT. #2	____	VCF	____	ADM	____
FINE CT. #3	____	VAF CT. #3	____	VCF	____	UPS	____
FINE CT. #4	____	VAF CT. #4	____	VCF	____	OTHER	____
FINE CT. #5	____	VAF CT. #5	____	RESTITUTION	____		
FINE CT. #6	____	VAF CT. #6	____	TO:	____		

Report for UPS Orientation in Room #136 on \_\_\_\_\_ at \_\_\_\_\_ am / pm  
(UPS fee must be paid at orientation) UPS PH # 583-7027

Traffic school LEVEL \_\_\_\_\_  
Defendant ordered released from custody as to this case only.  
No Affidavit or Charges filed, BOND ORDERED DISCHARGED  
PAY PUBLIC DEFENDER FEE IN RM #101 \_\_\_\_\_ PRETRIAL W/DDA HELD  
BOND DISCHARGED  
BOND REDUCED TO \$ \_\_\_\_\_ CSP / PR

Verbal EOA  
Wames Adora



NOTICE

BOND # 096885

It is a further condition of this bond that the Defendant shall not commit any felony while at liberty on this bail bond. If it is shown that a competent Court has found probable cause to believe that the Defendant has committed a Class 1, 2, 3, or 4 Felony while released pending adjudication of a prior felony charge, the Court in which this action is pending has the power to revoke the release of the Defendant, to increase the bail bond, or to change any bail bond conditions.

Signature of Defendant

Signature of Surety

STATE OF  
COLORADOTENTH JUDICIAL DISTRICT  
PUEBLO DISTRICT/COUNTY COURTAPPEARANCE  
BOND

PUEBLO COUNTY

COURT

CASE NUMBER

DWAI

/SPEEDING

DIV.

PEOPLE OF THE STATE OF COLORADO VS

97T6120-3

DEFENDANT RIGIROZZI, RAEANN MARIE

DOB:

AMOUNT

AKA

PR

SS #

SURETY

CASH

\$500.00

PROPERTY

A.O.: MITCHELL CSP

SURETY

We the undersigned, jointly and severally acknowledge that we and our personal representatives are bound to pay to The People of the State of Colorado, the sum of FIVE HUNDRED Dollars, (\$500.00\*\*\*\*\*).

The condition of this bond is that the Defendant RAEANN MARIE RIGIROZZI is to appear in the PUEBLO COUNTY COURT AT PUEBLO, COLORADO, ON THE 22 DAY OF OCTOBER, 19 97, AT 0830 AM / PM and in accordance with all orders and directions of the Court relating to the appearance of the Defendant before the Court in the case of The People of the State of Colorado, versus said Defendant and until final disposition of said case, and in the event of a conviction, until sentence has been imposed; and if the Defendant appears as ordered, then this bond is to be void, but if the Defendant fails to perform this condition, payment of the amount of the bond shall be due forthwith. If the bond is forfeited and if the forfeiture is not set aside, judgment may be entered upon motion against each debtor jointly and severally for the amount above stated together with interest and costs, and execution may be issued or payment secured as provided by the laws of the State of Colorado.

ADDITIONAL CONDITIONS:

Given under our hands and seals this 28th day of SEPTEMBER, 19 97.

Signature of Defendant RAEANN MARIE RIGIROZZI Address

City, State

Signature of Surety VICKIE RIGIROZZI Address

City, State

Signature of Surety Address

City, State

Subscribed and sworn to before me this 28th day of SEPTEMBER, 19 97.

SHERIFF DANIEL CORSENTINO

CLERK/DEPUTY

STATE OF COLORADO \*\*\* COUNTY OF PUEBLO

The (surety) (sureties) whose name(s) (is) (are) subscribed to the above undertaking, being duly sworn, upon (his) (their) oath say(s): That (he) (they) (is) (are) resident(s) and realty holder(s) within the County of \_\_\_\_\_, and that (he) (they) (is) (are) worth the sum specified in the said undertaking as the penalty thereof, over and above (his) (their) just debts and liabilities, in property not by law exempt from execution in this State, said property

Signature of Surety

Address

City, State

APR 29 2020

Signature of Surety

Address

City, State

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

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BOND DISCHARGED

BY

CLERK/DEPUTY

DATE

JUDGE / CLERK

10/1/97



COLORADO STATE PATROL  
AFFIDAVIT IN SUPPORT OF WARRANTLESS ARREST

NAME OF OFFICER AFFIANT: Sam Mitchell

LAW ENFORCEMENT AGENCY: C.S.P.

AGENCY CASE NUMBER: 97-2A1-1101

DATE OF ARREST: 09-28-97

MOST SERIOUS CRIME: DUI

STATUTE NUMBER: 12-4-1301(1)(b) CLASS: M

NAME OF PERSON ARRESTED: RAEAN RIGIOZZI

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

The above named officer/affiant, being duly sworn upon oath says that the following facts support a probable cause finding for the warrantless arrest of the above named person arrested by the affiant for the charge listed above, and that the following facts are true and correct to the best of the affiants knowledge, information and belief.

The affiant arrested the above named person because  
YOUR AFFIANT OBSERVED A GRAY FORD SOUTH BOUND ON I-25 NEAR HWY 50B IN PUEBLO COUNTY, STATE OF COLORADO. YOUR AFFIANT PACE CLOCKED THE VEHICLE FOR ONE MILE AT 70 MPH. THE POSTED SPEED LIMIT IS 55 MPH. YOUR AFFIANT CONTACTED THE DRIVER, WHO WAS IDENTIFIED AS THE DEFENDANT. YOUR AFFIANT SMELLED A STRONG ODOR OF AN ALCOHOLIC BEVERAGE ON HER BREATH. HER EYES WERE BLOOD-SHOT, WATERY AND GLASSY. THE DEFENDANT FAILED TO COMPLETE SEVERAL VOLUNTARY ROAD-SIDE MANEUVERS TO YOUR AFFIANTS SATISFACTION. YOUR AFFIANT ARRESTED THE DEFENDANT FOR DUI. EXPRESS CONSENT ADVISEMENT GIVEN. THE DEFENDANT CHOSE A BREATH TEST. BA .093.

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FILED IN THE OFFICE  
OF THE CLERK  
COUNTY OF  
COLORADO

*[Handwritten signature]*



WARRANTLESS ARREST AFFIDAVIT

Page 2 of \_\_\_\_

AFFIANTS SIGNATURE

S. Mitchell

Subscribed and sworn to before me this 28 day of September 1997

Notary Public or Judge:

Cheryl Rogers

Notary Public Expiration date:

08-24-2001

The undersigned Judge of the Tenth Judicial District finds that the affidavit above provides PROBABLE CAUSE--NO PROBABLE CAUSE that the above named defendant committed the crime listed.

1. Bond is hereby set in the amount of \_\_\_\_\_ cash, property or surety.

2. Bond setting shall be before the Court assigned this case. \_\_\_\_\_ (Judges initials).

3. The defendant shall be immediately released. \_\_\_\_\_ (Judges initials).

By the Court this \_\_\_\_\_ day of \_\_\_\_\_, 1997.

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JUDGE

To Whom It may Concern,

On 4/11/19 I was living with my boyfriend. We had got into an argument which proceeded into the evening, it escalated and my boyfriend took a steak knife and cut himself 3 times and then hit himself in the head with the phone. I was so angry at him for doing that , I wanted to show him just how stupid he was and hit myself in the head with the phone. I realize now that I am older that was not the thing to do. The neighbors upstairs called the police. When they arrived we explained that we had an argument and nobody touched the other one. They explained that one had to go jail and I stated that I would go. Going to jail was my way out. He then said to take him and leave me there. They then just took us both. When I went to court I pleaded guilty to disorderly conduct. I was on probation for a year and had to fulfill required classes . This was done timely as the court ordered.

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99M575

PUEBLO POLICE DEPARTMENT  
OFFENDER INFORMATION

CASE REPORT NUMBER:  
99-07806

TYPE OF REPORT:  
☐ FOLLOW-UP (SUPPLEMENTAL)

OFFENDER #	1. <input checked="" type="checkbox"/> Adult 2. <input type="checkbox"/> Juvenile	Code: 1. <input type="checkbox"/> Arrested 2. <input type="checkbox"/> Suspect	3. <input type="checkbox"/> Wanted 4. <input type="checkbox"/> Runaway 5. <input type="checkbox"/> Missing Person	Last Activity	Date/Time Last Seen	Multiple Clearances 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	PICKUPS MADE <input type="checkbox"/> Yes <input type="checkbox"/> No	By: Officer & I.D.#
Name	Last	First	Middle	Aliases		DOB/Age		
Street Address				Res. Phone		Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown		Social Security Number
Employer/School and Address				Bus. Phone		Operator's License		State
Sex	Race 1. <input checked="" type="checkbox"/> White 4. <input type="checkbox"/> Asian 2. <input type="checkbox"/> Black 5. <input type="checkbox"/> Unknown 3. <input type="checkbox"/> Indian	Ethnicity 1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Non-Hispanic 3. <input type="checkbox"/> Unknown	Height 5'4"	Weight 130	Hair Black Length	Eyes Blue Glasses	Skin	Spouse's Name if Applicable
Place of Birth (City, State or Country)			Occupation		Gang Affiliation: 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Unknown			
Clothing Description	Hat	Coat	Shirt	Trousers	Shoe	Offender Was Armed With: (Check up to Two) 01 <input type="checkbox"/> Unarmed 14 <input type="checkbox"/> Shotgun 11 <input type="checkbox"/> Firearm (Type Not Stated) 15 <input type="checkbox"/> Other Firearm 12 <input type="checkbox"/> Handgun 16 <input type="checkbox"/> Cutting Instrument (knife, etc.) 13 <input type="checkbox"/> Rifle 17 <input type="checkbox"/> Club/Blackjack/Brass Knuckles		
Identifying Marks and Characteristics:								
OFFENDER ARRESTED/CHARGED	REQUEST FILING	STATUTE/OR DISCIPLINE NUMBER	OFFENSE	NO. COUNTS	CLASS	FEL	MISD	P.O.
1. <input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	18-3-204	Third Degree Assault	1	1			Y
2. <input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	18-6-800.3	Domestic Violence	1				
Parent or Legal Guardian (Last, First, Middle)				Relationship		Date/Time Released/Location		
Juvenile Released to/Apprehended by (Last, First, Middle)				Relationship/Agency Name		Date/Time Released/Location		
Type of Arrest: 1. <input type="checkbox"/> On-View 2. <input type="checkbox"/> Summoned/Cited 3. <input type="checkbox"/> Taken into Custody				Disposition of Person under 18: 1. <input type="checkbox"/> (H) Handle within Department 2. <input type="checkbox"/> (R) Referred outside Department		Arrested Located At: 1322 WABASH		
Arrest Date/Time: 04-11-99/0230				Booking Tab & Generated By: GCS				
OFFENDER #	1. <input checked="" type="checkbox"/> Adult 2. <input type="checkbox"/> Juvenile	Code: 1. <input type="checkbox"/> Arrested 2. <input type="checkbox"/> Suspect	3. <input type="checkbox"/> Wanted 4. <input type="checkbox"/> Runaway 5. <input type="checkbox"/> Missing Person	Last Activity	Date/Time Last Seen	Multiple Clearances 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	PICKUPS MADE <input type="checkbox"/> Yes <input type="checkbox"/> No	By: Officer & I.D.#
Name	Last	First	Middle	Aliases		DOB/Age		
Street Address				Res. Phone		Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown		Social Security Number
Employer/School and Address				Bus. Phone		Operator's License		State
Sex	Race 1. <input checked="" type="checkbox"/> White 4. <input type="checkbox"/> Asian 2. <input type="checkbox"/> Black 5. <input type="checkbox"/> Unknown 3. <input type="checkbox"/> Indian	Ethnicity 1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Non-Hispanic 3. <input type="checkbox"/> Unknown	Height 5'6"	Weight 135	Hair Brown Length	Eyes Brown Glasses	Skin	Spouse's Name if Applicable
Place of Birth (City, State or Country)			Occupation		Gang Affiliation: 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Unknown			
Clothing Description	Hat	Coat	Shirt	Trousers	Shoe	Offender Was Armed With: (Check up to Two) 01 <input type="checkbox"/> Unarmed 14 <input type="checkbox"/> Shotgun 11 <input type="checkbox"/> Firearm (Type Not Stated) 15 <input type="checkbox"/> Other Firearm 12 <input type="checkbox"/> Handgun 16 <input type="checkbox"/> Cutting Instrument (knife, etc.) 13 <input type="checkbox"/> Rifle 17 <input type="checkbox"/> Club/Blackjack/Brass Knuckles		
Identifying Marks and Characteristics:								
OFFENDER ARRESTED/CHARGED	REQUEST FILING	STATUTE/OR DISCIPLINE NUMBER	OFFENSE	NO. COUNTS	CLASS	FEL	MISD	P.O.
1. <input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	18-3-204	Third Degree Assault	1	1			Y
2. <input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	18-6-800.3	Domestic Violence	1				
Parent or Legal Guardian (Last, First, Middle)				Relationship		Date/Time Released/Location		
Juvenile Released to/Apprehended by (Last, First, Middle)				Relationship/Agency Name		Date/Time Released/Location		
Type of Arrest: 1. <input type="checkbox"/> On-View 2. <input type="checkbox"/> Summoned/Cited 3. <input type="checkbox"/> Taken into Custody				Disposition of Person under 18: 1. <input type="checkbox"/> (H) Handle within Department 2. <input type="checkbox"/> (R) Referred outside Department		Arrested Located At: 1322 WABASH		
Arrest Date/Time: 04-11-99/0230				Booking Tab & Generated By: GCS				
Date & Time of Report: 04-11-99 0230								
PUEBLO POLICE DEPARTMENT								

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PUEBLO POLICE DEPARTMENT



**PUEBLO, COLORADO POLICE DEPARTMENT  
INCIDENT REPORT**

APPROVED BY: DM 123

CASE REPORT NUMBER: 99-07806

DATE / TIME OF REPORT: 04-11-99/ 0215

DATE / TIME OF INCIDENT: 04-11-99/ 0215

OFFENSE: Third Degree Assault/ Domestic Violence

TITLE OR PRINCIPAL:

LOCATION OF INCIDENT:

REPORT WRITTEN BY: R. Pope 1202

**EXPLANATION OF CODES**

W= WITNESS V= VICTIM NO= NAME ONLY S= SUSPECT A= ARRESTED

NAME:

DOB:

ADDRESS:

PH:

NAME:

DOB:

ADDRESS:

PH:

NAME:

DOB:

ADDRESS:

PH:

NAME:

DOB:

ADDRESS:

PH:

**DETAILS**

On 04-11-99 at about 0215 Officer Minck , Officer Groller and I were dispatched to 1322 Wabash in reference to a male- female disturbance.

Upon arrival I made contact with

Upon contacting

I noticed a large bruise on the right side of his forehead. I asked what happened to his forehead. He told me that he had gotten into a fight. I asked who he got into the fight with. He told that he got in a fight with some guy. I asked who else was in the house. He said his girlfriend was there. I asked were she was. He said she was in the livingroom. I asked to get his girlfriend, Raeann Rigiroszi, DOB:

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99-7806

from living room, when invited me into the house. I told me that he and his girlfriend had gotten into an argument about some girl. I told me that he and his girlfriend had been out partying when they saw a girl that Rigiroszi had gotten into a fight with prior to tonight. I told me that Rigiroszi started yelling that she wanted to fight the girl. I told me that he drove away, not allowing Rigiroszi out of the car. I told me that he drove home when he and Rigiroszi started arguing about the girl. While talking to I noticed blood on his pants. I asked where the blood came from. I told me that he had cut himself on the arm while doing the dishes. I told me that he had cut his arm with a knife and the he could show me the knife. I showed me that cuts on his arm and on his chest. I asked to show me the cuts. I removed his shirt and shows me his cuts. The cut on his left forearm is about 3 inches in length and cut at an angle towards his body. The cut on his chest is about 2 inches long and cut at an angle away from the center of his chest. I then told me that he got the bump on his head by hitting himself on the head with a telephone. I asked why he hit himself on the head. I told me that he did it because he loved Rigiroszi.

I then contacted Rigiroszi. Upon contacting Rigiroszi I noticed a big bruise on Rigiroszi's forehead. I asked Rigiroszi what happened. She told me that she hit herself in the head with the phone and hit her head on the kitchen wall several times. Rigiroszi then became very uncooperative and started arguing with me. I then noticed a large amount of blood on Rigiroszi's pants and hands. I asked Rigiroszi where she got the blood from. She told me from him and pointed to

While checking the house I found a large amount of blood on the kitchen floor and wall. I looked in the kitchen sink and on the kitchen counter and could not find any knives with blood on them. I did not see any knives other than the ones in the kitchen drawer and they were clean.

was transported to St. Mary Corwin Hospital where he was treated by Dr. McCaig who told me that the lacerations did not appear to be self inflicted.

I photographed the injuries to both and Rigiroszi. Both Rigiroszi and refused to complete the Domestic Violence Report form.

Rigiroszi and where arrested and booked into County Jail for Third Degree Assault/ Domestic Violence.

Robert Pope  
Robert Pope 1202





CASE REPORT NUMBER:  
99-7806

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**SENTENCING ORDER: DOMESTIC VIOLENCE RELATED CASE**  
(Not a Mittimus)

NAME Rasam, Marie Riginoszy CASE NO. 99 M 575

PLEA OF GUILTY TO: [REDACTED]

1. ☐ Deferred Sent. Granted        mos./yrs. ☐ Court supervised  
☐ Probation Denied ☒ Sup. by Prob. Dept.  
☒ Probation Granted 1 mos./yrs.

If probation or deferred sentencing granted, full performance of all aspects of the Court's sentencing order is a condition of probation or def. sent.

2.        hrs. UPS; \$        charitable contribution to
3.        days/mos./yrs. in County Jail;        forthwith        straight sentence  
       condition of probation        Work Release to be considered        Work Release granted  
       Credit        days served;        Stay until        days suspended on condition of full performance of all aspects of sentencing order within        mos./yrs. of sentencing date.

4. ☒ No further viol. of law of any kind except minor traffic violations under 8 pts. and fish & game viol.;  
☒ 36 week domestic violence treatment and/or education. File proof of compliance. (Mandatory: all cases.) *Immediately begin & successfully complete*  
☒ Comply with any Probation Dept. recommendations re. alcohol treatment and/or education.  
☒ Comply with existing court orders regarding family support; comply with any existing court orders concerning a proceeding to determine paternity, custody, parenting time, or support; comply with the terms of any restraining order in effect against the defendant during the probation period. (Mandatory if probation granted.)  
☒ Refrain from possessing a firearm, destructive device, or other dangerous weapon. (Mandatory if probation granted.)  
☒ The Defendant shall not harass, molest, intimidate, retaliate against, or tamper with the victim or any prosecution witness. (Mandatory: all cases.)  
       No contact with the victim(s).  
       Restraining Order issued pursuant to 18-1-1001 shall continue in effect. Defendant shall not violate said Restraining Order.  
       Abide by any additional terms and conditions imposed by prob. dept.

5.        Restitution:       ;        Paid through Collection Inv.  
       DA may request restitution by letter within 90 days. Within 10 days, defendant is to pay in full, make arrangements with collection investigator or file a request for hearing with copies to the DA and schedule the hearing.

6. Other provisions of sentence:

7. FINE & COSTS: ☒ \$138 costs & fees;        \$60 UPS fee; ☒ \$50 Prob. Sup. fee; \$        fine.

8.        Bond posted is ordered released and discharged.

DATE: 4/13/99

Adela K. Anderson  
COUNTY JUDGE

X Rasam Riginoszy

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110



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To Whom it May Concern,

On 6/13//2000 I was living with 3 roommates. One of my roommates and I would mix 1 cocktail and share it while we went on our walk after work. This night when we returned from walk and our other roommates started to argue with me. I got in my car and was going to my parent's home to avoid the situation. My car had a soft top and it was down. I drove down Northern and I saw the police officer driving in the opposite direction and saw him make a u-turn and he pulled me over. I had been crying and the officer said that I was speeding. He was going the opposite direction and he stated that he sight sped me. I asked what that was. I was not speeding and it a little difficult to see someone driving and say they speeding when they are going with the traffic. He asked why my eyes were red and it was obvious I had been crying. He asked if I had been drinking and I stated that I had shared a drink with my roommate and he said he said I smelled of alcohol. I don't really know why he said this. I did a roadside test and passed. I also agreed to do a breath test and he said it was high enough to charge me with a DWAI and he arrested me and took me to jail.

I went to court and the judge ruled that this case be dismissed because the officer did not follow procedure. Case was dismissed by the DA's office and the judge who expressed about how unhappy she was about bringing this case to court







- ☒ INCIDENT  
☐ CONTINUATION  
☐ SUPPLEMENT

**PUEBLO POLICE DEPARTMENT  
INCIDENT AND NARRATIVE INFORMATION**

CASE REPORT NUMBER <b>00-13357</b>	
REPORT DATE <b>6/13/00</b>	REPORT TIME <b>3:04</b>
INCIDENT TIME <b>1:42</b>	TO TIME

INCIDENT / OFFENSE <b>DWAI/ALCOHOL</b>				INCIDENT DATE <b>6/13/00</b>		TO DATE	
ADDRESS <b>1348</b>		DIR	STREET <b>Northern Ave</b>	APT.	STREET <b>Lake Ave</b>		
RELATIONSHIP <b>None</b>		TITLE / NAME (Last, First, Middle) <b>Rigirozzi, Raean, Marie</b>		DOB	HOME PHONE	WORK PHONE	BUSINESS / SCHOOL
CODE <b>A</b>	ADDRESS	SUFFIX	DIR	STREET	APT.	CITY	STATE
ZIP CODE							

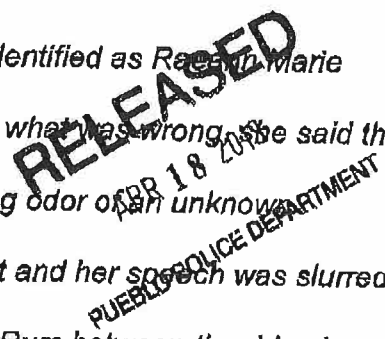
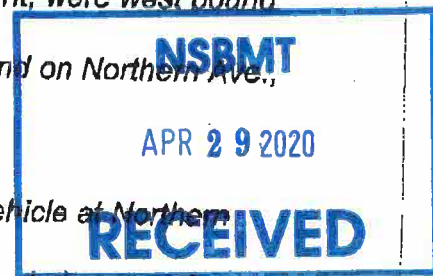
On 06-13-00 at approximately 0142 hours, Officer Rutherford and Affiant, were west bound on Northern Ave., when I noticed a red Isuzu Amigo traveling east bound on Northern Ave., City of Pueblo, State of Colorado at a high rate of speed.

Affiant turned my marked patrol vehicle around and caught up to the vehicle at Northern Ave. and Claremont Ave. As I was attempting to catch up to this vehicle, I observed the vehicle's brake lights come on and the vehicle slowed down considerable. I paced the her vehicle with my patrol vehicle, unit 613, at 40 MPH from Claremont Ave. to Carteret Ave. Ms. Rigirozzi speed was approximately 40 MPH in a posted 35 MPH zone.

I activated my emergency equipment and pulled the vehicle over at Lake Ave. and Northern Ave.

Affiant approached the vehicle and noticed a female later identified as Raean Marie Rigirozzi DOB: crying. Affiant asked Ms. Rigirozzi what was wrong, she said that she just got into a fight with her roommate. I noticed a strong odor of an unknown alcoholic beverage on her breath, her eye's were blood shot and her speech was slurred. I noticed an opened 1.75 liter bottle of Runrico Puerto Rican Rum between the driver's seat and passengers seat. I asked Ms. Rigirozzi if she would perform some voluntary roadside maneuvers, Ms. Rigirozzi which she did. Affiant had Ms. Rigirozzi exit her vehicle, Ms. Rigirizzi was unsteady on her feet, and was crying profusely. Ms. Rigirozzi performed her

OFFICER NAME AND ID # <b>Atencio, Steven M</b>	OFFICER SIGNATURE <i>Steven M Atencio</i>	SUPERVISOR NAME AND ID # <i>[Signature]</i>	REVIEWED BY AND ID #	PAGE <b>1 of 2</b>
---	--	--	----------------------	-----------------------



PUEBLO POLICE DEPARTMENT  
NARRATIVE CONTINUATION

ORIG  
☒

CONT  
☐

SUPP  
☐

REPORT DATE  
6/13/00

REPORT TIME  
3:04

CASE REPORT NUMBER  
00-13357

roadside maneuvers poorly. Ms. Rigiroszi agreed to a P.B.T which she blow a .086. I advised Ms. Rigiroszi per Express Consent Law, Ms. Rigiroszi chose breath. I transported the driver to the PPD Intoxilyzer 5000 EN room where I administered the breath test at 0229 hours and the result was 0.075 % BrAC. I sealed the breath sample tube and tagged it into property.

Affiant transported Ms. Rigiroszi to Pueblo County Jail and booked her for:

42-4-1301(1)(b) Drove Vehicle While Ability Impaired By Alcohol

42-4-1101 Speed (5-9 MPH over Prima Facie Limit)

I tagged the bottle of Puerto Rican Rum into evidence.

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OFFICER NAME AND ID # 1368  
Atencio, Steven M

OFFICER SIGNATURE

*Steven M. Atencio*

SUPERVISOR NAME AND ID #

*[Signature]*

REVIEWED BY AND ID #

PAGE

2 of 2

00-13357

## UNIFORM SUMMONS &amp; COMPLAINT OR PENALTY ASSESSMENT

CITY OF PUEBLO BY AND ON BEHALF OF  
THE PEOPLE OF THE STATE OF COLORADO VS:Defendant (Last Name) **RIGIROZZI**(First) **RICHARD**(Middle) **MARIE**CITIZENS COMPLAINT CR # **00-13357**No. **U 65956**

Defendant's Address		City		State		Zip Code		Home Telephone		Business Telephone	
Employer Name		Employer Address		City		State		Zip Code		SSN	
Driver's License Number		Type		Status		Race		Ethnicity		Sex	
Vehicle License Number		Lic. Yr.		State		Co.		V.I.N.		Height	
Vehicle Color		Model		Year		Make		Body		Eyes	
YOU ARE HEREBY SUMMONED AND ORDERED TO APPEAR AS INDICATED: SEE BACK FOR INSTRUCTIONS		IF THIS DATE FALLS ON A WEEKEND OR HOLIDAY YOU ARE TO APPEAR ON THE NEXT BUSINESS DAY.		IF THIS DATE FALLS ON A WEEKEND OR HOLIDAY YOU ARE TO APPEAR ON THE NEXT BUSINESS DAY.		IF THIS DATE FALLS ON A WEEKEND OR HOLIDAY YOU ARE TO APPEAR ON THE NEXT BUSINESS DAY.		IF THIS DATE FALLS ON A WEEKEND OR HOLIDAY YOU ARE TO APPEAR ON THE NEXT BUSINESS DAY.		IF THIS DATE FALLS ON A WEEKEND OR HOLIDAY YOU ARE TO APPEAR ON THE NEXT BUSINESS DAY.	
TO ANSWER CHARGES OF VIOLATION OF:		M.C.R. 5.01 as amended		M.C.R. 5.01 as amended		M.C.R. 5.01 as amended		M.C.R. 5.01 as amended		M.C.R. 5.01 as amended	
CHARGE NO. 1		SECTION		CHARGE NO. 1		SECTION		CHARGE NO. 1		SECTION	
42-4-1301(1)(a)		Impaired By Alcohol		42-4-1301(1)(a)		Impaired By Alcohol		42-4-1301(1)(a)		Impaired By Alcohol	
CHARGE NO. 2		SECTION		CHARGE NO. 2		SECTION		CHARGE NO. 2		SECTION	
42-4-1101		Speeding (5-9 MPH over Prime Face Limit)		42-4-1101		Speeding (5-9 MPH over Prime Face Limit)		42-4-1101		Speeding (5-9 MPH over Prime Face Limit)	
CHARGE NO. 3		SECTION		CHARGE NO. 3		SECTION		CHARGE NO. 3		SECTION	
42-4-1101		Speeding (5-9 MPH over Prime Face Limit)		42-4-1101		Speeding (5-9 MPH over Prime Face Limit)		42-4-1101		Speeding (5-9 MPH over Prime Face Limit)	
Approx. Location of Violation		City of Pueblo, Colorado		Approx. Date of Violation		06-13-00		Approx. Time of Violation		06-13-00	
Custody / Sentence / Location / Time		40th Court St		06-13-00		06-13-00		06-13-00		06-13-00	
NON-PAYABLE SUMMONS:		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED AND I ACKNOWLEDGE RECEIPT OF THIS SUMMONS AND COMPLAINT.		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
DEPENDENT: <b>James Rigirozzi</b>		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
THE UNDERSIGNED HAS PROMISED TO BELIEVE THAT THE DEFENDANT COMPLETED THE PEACE AND QUIETNESS OF THE PEOPLE OF THE STATE OF COLORADO AND THE CITY OF PUEBLO, CO. UNDERSIGNED ALSO AFFIRMS THAT A COPY OF THIS SUMMONS AND COMPLAINT OR PENALTY ASSESSMENT WAS ONLY SERVED UPON THE DEFENDANT.		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
Report		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
Traffic Accident		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
Injuries		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
OFFICER: <b>Steven M. Rigirozzi</b>		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
COMPLAINING WITNESS:		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
NO. <b>1368</b>		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
OFFICER PRINT LAST NAME		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
NO. <b>1368</b>		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
SERVED BY:		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	
NO. <b>1368</b>		Traffic		Non-Traffic		Non-Traffic		Non-Traffic		Non-Traffic	

THIS IS A LEGAL DOCUMENT READ BOTH SIDES

ORIGINAL - COURT COPY

PUEBLO POLICE DEPARTMENT

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Date Printed: 04/18/2013

## People Of The State Of Colorado Vs. Rigiroszi, Raeann Marie - 2000T2437 - Pueblo County

## Summary

<b>Case #:</b> 2000T2437 (County)	<b>Location:</b> Pueblo County	<b>Date Filed:</b> 2000-06-13
<b>Case Status:</b> Closed;	<b>Date Case Closed:</b> 2001-06-05	<b>Date of Speedy Trial:</b> 2001-07-08
<b>Case Type:</b> Driving While Ability Impaired	<b>Appealed:</b> N	<b>E-Filed:</b> N
<b>Judge or Magistrate:</b> Adele Konkel Anderson	<b>Division:</b> 2	<b>Bar Number:</b> 11344
<b>Related Cases:</b> N/A		

## Participants

<b>Party Type:</b> Defendant	<b>Person Status:</b> Not Applicable	
<b>Name:</b> Rigiroszi, Raeann Marie	<b>Addresses &amp; Phone Numbers</b>	<b>Attorneys</b>
<b>Birthdate:</b> <b>Gender:</b> F <b>Race:</b> W <b>Drivers License:</b> (		<b>Attorney Role:</b> Deputy District Attorney <b>Attorney Name:</b> Harder, Lois A <b>Attorney Bar #:</b> 31669 <b>Primary Attorney:</b> No
<b>SSN:</b> <b>StateID:</b>		<b>Attorney Role:</b> Deputy District Attorney <b>Attorney Name:</b> Adams, Lois A <b>Attorney Bar #:</b> 31669 <b>Primary Attorney:</b> No
		<b>Attorney Role:</b> Deputy District Attorney <b>Attorney Name:</b> Adams, Lois Hall <b>Attorney Bar #:</b> 31669 <b>Primary Attorney:</b> No
		<b>Attorney Role:</b> Privately Retained Attorney <b>Attorney Name:</b> Biddle, Darol Clifford <b>Attorney Bar #:</b> 1248 <b>Primary Attorney:</b> Yes
		<b>Attorney Role:</b> Deputy District Attorney <b>Attorney Name:</b> Lindsey, Jeffrey D <b>Attorney Bar #:</b> 24664

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CONFIDENTIAL	<b>Party Type:</b> SRT		<b>Person Status:</b> Not Applicable		<b>Primary Attorney:</b> Yes
	<b>Name:</b> Rivera, Harvey		<b>Addresses &amp; Phone Numbers</b>		<b>Attorneys</b>
	<b>Birthdate:</b> <b>Gender:</b> M <b>Race:</b> <b>Drivers License:</b> <b>StateID:</b>				<b>Attorney Role:</b> Deputy District Attorney <b>Attorney Name:</b> Yaklich, Ron <b>Attorney Bar #:</b> 12983 <b>Primary Attorney:</b> Yes
					<b>Attorney Role:</b> Deputy District Attorney <b>Attorney Name:</b> Ward, Thomas R <b>Attorney Bar #:</b> 28877 <b>Primary Attorney:</b> Yes
CONFIDENTIAL					<b>Attorney Role:</b> Privately Retained Attorney <b>Attorney Name:</b> Koncilja, Joseph A <b>Attorney Bar #:</b> 10239 <b>Primary Attorney:</b> Yes
CONFIDENTIAL					<b>Attorney Role:</b> Privately Retained Attorney <b>Attorney Name:</b> Gartner, Michael <b>Attorney Bar #:</b> 26055 <b>Primary Attorney:</b> Yes

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CONFIDENTIAL	<b>Charges / Dispositions</b>			
	<b>Arresting Agency</b>			
	<b>Arresting Agency:</b> Pueblo Police Dept		<b>Arrest Date:</b> 2000-06-13	<b>Arrest Time:</b>
	<b>Ticket/Summons Number:</b> U65956		<b>Arrest Number:</b>	<b>Case Number:</b> 00-13357
	<b>Final Disposition on Charges</b>			
	<b>Charge Number:</b> 1	<b>Charge:</b> Driving While Ability Impaired		<b>Status:</b> Dismissed
	<b>Offense Date From:</b> 2000-06-13	<b>Offense Date To:</b>	<b>Offense Time:</b> 01:42 AM	
	<b>Class:</b> M (Unclassified Misdemeanor)	<b>BAC:</b> 0.000	<b>Statute:</b> 42-4-1301(1)(b)	
	<b>Lic. Plate State:</b> CO	<b>Lic. Plate Number:</b>	<b>Lic. Plate Year:</b> 2000	<b>VIN Number:</b>
	<b>Plea Date:</b> 2001-01-08	<b>Plea:</b> Plea Not Guilty		
<b>Disposition Date:</b> 2001-06-05	<b>Disposition:</b> Dismissed by DA			
<b>Charge Number:</b> 2	<b>Charge:</b> Exceed Reas. & Prudent Speed: 5-9 Mph		<b>Status:</b> Dismissed	

## STATE OF COLORADO SUMMONS

\*TC12733\*

Summons #: 65956

## COURT INFORMATION

Court:

Time:

Case #: 00013357

## THE STATE OF COLORADO VS.

Defendent: **Rigirozzi, Raeann Marie**

Address:

Driver's License #:

Race: **W**Sex: **F**

Date Of Birth:

Age:

Social Security #:

Telephone #:

Last Known Employer:

## VEHICLE INFORMATION

Vehicle License #:

Lic. Year: **0**Year: **1992**Make: **ISU**Model: **AMIGO**Vehicle Type: **PASSENGER CAR**

## DEPARTMENT USE ONLY

Officer: **ATENCIO, STEVEN M**Agency: **PPD**

District:

Location: **1300 LAKE AVE, PUEBLO**

Alleged Speed:

Permissible Speed:

Summons: Traffic Infraction: **N**Penalty Assessment: Traffic Infraction: **N**Misd. Infraction: **N**Misd. Infraction: **N**Misd./Petty: **N**Misd./Petty: **N**

## SUMMONS DATE &amp; TIME

Date: **June 13, 2000, Tuesday**Time: **01:42**

## CHARGES

1. 42-4-1301(b)\_\_\_dwai | D.w.a.i.

2. 42-4-1101(1)\_\_\_speeding | Speeding - 5-9 Miles Over

## NOTES

Charge: 42-4-1301(B)\_\_\_DWAI | D.W.A.I.

Charge: 42-4-1101(1)\_\_\_SPEEDING | SPEEDING - 5-9 MILES OVER

NSBMT

MAY 4 2020

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MAY 4 2020

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**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Raeann M. Rigirozzi

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. Rigirozzi:

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 June 10, 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/join/zoom/register/1c9f-mhqTguGNyc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

9489 0090 0027 6226 3395 48

COPY

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6p

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Robin Gregory P. San Gil

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

### BACKGROUND INFORMATION:

Mr. San Gil's massage application is before you today due to potential criminal history that could not be approved administratively. Mr. San Gil was arrested on August 7, 2012 by San Diego Sheriff's Office for two (2) counts of Animal Cruelty. Mr. San Gil is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to approve a probationary license for three (3) years with restrictions.

### ACTION:

- ☐ Approved
- ☐ Tabled
- ☐ Denied – NRS 640C. \_\_\_\_\_
- ☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:

Board Meeting Application review:

Summary of Robin Gregory P. San Gil arrests/charges:

08/7/2012 – 2 counts of animal cruelty – San Diego Sheriff's Office –

Statement from all parties included in packet. Pages 1 and 2 missing from 5 pages of officer report narrative.

Mr. San Gil completed 132 hours of community service.

Recent statement from Auditor and Controller with San Diego Office of Revenue and Recovery reflects a pending balance with a due date of 3/19/2020. Unknown if paid.

2/6/2015 – DUI – San Diego Sheriff's Office – No information provided.

Prepared by Tereza Van Horn, Executive Assistant



## Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

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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 San Gil First Robin Gregory Middle Initial P

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:

Home Phone:

Cell Phone:

Business Phone:

Gender:

Male ☒

Female ☐

Business Name:

Business Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

NSBMT

FEB 25 2020

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### Section 3 Licensure Information

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

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)

### 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
Northwest Career College	Las Vegas, NV	2019-2020	800

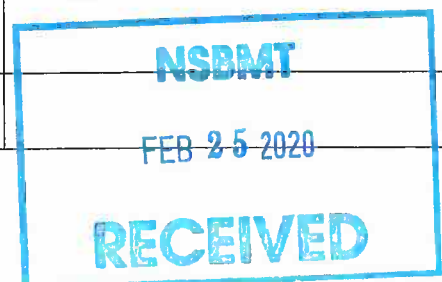
### Section 5 National Exam Information

☒ 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	10/24/19	n/a

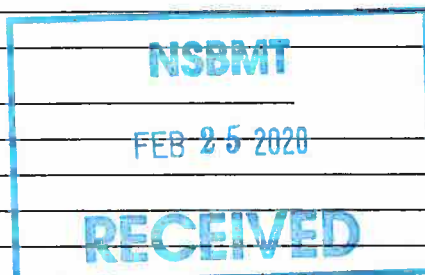




You must answer all of these questions by checking the appropriate "Yes" or "No" box.  
If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

### Section 6 Application Screening Questions (use additional sheets of paper if needed)

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1. Have you <b>ever</b> had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration? <b>If yes, please provide the following information for each occurrence: (*required)</b>  *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 <b>ever</b> been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary) _____ _____
Yes <input type="checkbox"/> No <input checked="" 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;  <b>If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required)</b>  *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____ *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: *Robin Gregory San Gil* Date: 2/7/20

State of Nevada County of Clark

Signed and sworn to before me this 7<sup>th</sup> day of February 2020

Robin Gregory San Gil, who personally appeared before me.

*[Signature]*  
Notary Public Signature

04/29/23  
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

FEB 25 2020

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

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

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

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

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

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

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

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

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

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

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

Applicant's Name: SANGIL, ROBIN GREGORY, Pachibor Applicant's Signature: [Signature]  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Date: 2/7/20

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham Signature: [Signature] Date: 3/9/2020



# Northwest Career College

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

Date: 2/5/2020

Page 1 of 1

Student: Robin Gregory San Gil Student ID: SA18391 DOB: Original Start Date: 4/8/2019 Student GPA: 3.38

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
<b>Program: Diploma in Massage Therapy</b>					
<b>Enrollment #: 06067SA</b>					
<b>Status: Graduate</b>					
<b>Start Date: 4/8/2019</b>					
<b>Grad Date: 1/30/2020</b>					
<b>Term: 4P5190408 4P5 2019.04.08</b>					
MTB101	MTB101 - Basic Massage	2.00	2.00	B	6.00
MTB102	MTB102 - Basic Anatomy and Physiology	3.20	3.20	A	12.80
MTB103	MTB103 - Basic Kinesiology	1.00	1.00	C	2.00
MTB101	MTB101 - Basic Massage	2.00	2.00	C	4.00
MTB102	MTB102 - Basic Anatomy and Physiology	3.20	3.20	C	6.40
MTB103	MTB103 - Basic Kinesiology	1.00	1.00	C	2.00
MTB101	MTB101 - Basic Massage	2.00	2.00	B	6.00**
MTB102	MTB102 - Basic Anatomy and Physiology	3.10	3.10	B	9.30**
MTB103	MTB103 - Basic Kinesiology	1.00	0.00	F	0.00**
MTB101	MTB101 - Basic Massage	2.00	2.00	A	8.00
MTB102	MTB102 - Basic Anatomy and Physiology	3.10	3.10	A	12.40
MTB103	MTB103 - Basic Kinesiology	1.00	1.00	B	3.00
MTB101	MTB101 - Basic Massage	2.00	2.00	B	6.00
MTB112	MTB112 - Comprehensive Anatomy and Physiology	3.00	3.00	C	6.00
MTB113	MTB113 - Comprehensive Kinesiology	3.00	3.00	C	6.00
<b>Term GPA: 2.82</b>		<b>32.60</b>	<b>31.60</b>		<b>74.60</b>
<b>Cum GPA: 2.82</b>					
<b>Term: 4P4190902 4P4 2019.09.02</b>					
MTB114	MTB114 - Spa Therapies	2.00	2.00	A	8.00
MTB115	MTB115 - Massage as a Business	3.00	3.00	A	12.00
MTB200	MTB200 - Student Clinic	0.83	0.83	A	3.32
MTB116	MTB116 - Medical Massage: Pathology	3.00	3.00	B	9.00
MTB117	MTB117 - National Board Review	3.00	3.00	A	12.00
MTB200	MTB200 - Student Clinic	0.83	0.83	A	3.32
MOS101#	Microsoft Office Fundamentals	4.00	4.00	PASS	16.00
MTB200	MTB200 - Student Clinic	0.83	0.83	A	3.32

\*\*\* End of Transcript \*\*\*

Authorized Signature: *Cheryl Dadey* Date: 2/5/2020

Official Transcript

NSBMT

FEB 25 2020

RECEIVED

\*\* Indicates Retaken Course  
R\* Indicates Retaken Override

Not official unless signed by registrar.

# Indicates Pass/Fail Course  
♦ Indicates Associated Course

# northwest

## CAREER COLLEGE

THIS CERTIFIES THAT

### Robin Gregory San Gil

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

## DIPLOMA

Given this 30<sup>th</sup> day of January, 2020

*Cheryl Badley*  
School Administrator



*Dr. John Kenny*  
Director, Dr. John Kenny





## MBLEX Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEX scores received on: 10-25-2019

Last Name	First Name	Last four SS#	DOB	Exam Date	Attempt	Pass/Fail	Language	School
-----------	------------	---------------	-----	-----------	---------	-----------	----------	--------

San Gil	Robin Gregory			10-24-2019	1	Pass	English	Northwest Career College
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**Nevada State Board of Massage Therapy**

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

March 17, 2020

Robin Gregory P. San Gil

Re: DISPOSITION OF RECORD

Dear Mr. San Gil,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome for the incident(s).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **08/31/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

**COPY**

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

April 22, 2020

To Whom it May Concern:

I would like to apologize for the delay in responding to your letter. I was holding off considering the current circumstances, since i am unable to go to the court to retrieve the documents requested. However, I have scanned and attached copies of the original receipts and paperwork that i have in my possession and my letter should be underneath this. I am aware that the paperwork requested are still vital and necessary to move forward and when the quarantine is over, it will be first on my to-do list. Please, please feel free to email me, call or text me if any questions arise.

Thank you so much for your time and consideration.

Sincerely,

Robin Gregory P. San Gil



To Whom It May Concern:

Included with my application for licensure is this letter to notify the Board of my criminal history.

About 7 years ago in San Diego, I was not in a healthy mental state and suffered from depression, anger, and anxiety after being physically bullied by classmates and mentally abused by my family for my sexuality. I had three dogs and due to neglect, two of them had passed after taking them to the vet where animal control was notified. After months of fighting allegations, I took a deal to address my mental conditions which has since then, provided many benefits for my personal growth. Unfortunately, in that process I was left with three felony counts of animal cruelty and three years of probation.

I was going to be let off for good behavior when my father was diagnosed with cancer and less than a month to live. During this trying time for me, I received a DUI. Due to the circumstances, my PO did not feel inclined to arrest me, however, I would no longer be let off early from probation and was required to complete the 3 years.

In the Summer of 2019, my roommate discovered my past by google search. He assaulted me, called the police, and told them he caught me abusing my dogs. Due to the lack of evidence, I was not arrested and was instead sent to St. Rose Dominica Hospital in Henderson for a 72-hour hold claiming I was suicidal. After being assessed by a psychiatrist, I was discharged in about 30 minutes. However due to my past, my dogs were taken by animal control and closely examined. The documents from their vet states that my babies are healthy (which I can provide).

I have taken many steps towards recovering from my past and its consequences. In that process, I decided to pursue massage therapy as a tribute to my father. I did not realize how much passion I would develop for this art. My father suffered from gout, arthritis and beat multiple forms of cancer until his last. He would constantly ask me for massages during this time. Despite not having the best relationship with him growing up, things quickly turned around for us right before he passed. I would love to have a career that would have made him proud.

I know that I am a completely different person from who I was a decade ago. A handful of my instructors are aware of my past, and accept and support the person I have become. When I moved to Las Vegas for a fresh start in 2015, I never thought I'd be talented or find passion in anything this city had to offer. However, in massage I have both, and I believe that I can be a benefit to the community. Thank you for taking the time to read my letter, and I hope I can be considered for an opportunity to pursue this endeavor.

Sincerely,

Robin Gregory P. San Gil





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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May 11, 2020

Robin Gregory P. San Gil

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 Mr. San Gil:

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 June 10, 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/meeting/register/Uc9f-mhqTguGNyc09MqVYIJK-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

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**Officer's Report Narrative**

Page 3 of 5		Case Number:	
Code Section And Description (one incident only) 597:F CRUELTY TO ANIMALS/FEL		Time	
Location Of Incident (Or Address):		City	District Beat 242
Person(s) Involved: Victim:			
Suspect (If Named):			
Property Tag No.(s):			

**SYNOPSIS:**

Robin Sangil was arrested for two counts of felony cruelty to an animal [597(A) P.C.].

Sangil punished one nine-week-old Siberian husky puppy by picking her up by her harness then swinging her into a wall. He then placed the injured puppy into a bathtub full of water. Sangil then closed the sliding glass doors of the bathtub, which confined the puppy to the bathtub. Sangil then left the puppy unattended for approximately forty-five minutes. When he returned the puppy was lying under the water, dead. Sangil buried the puppy in his backyard.

Sangil punished a second eleven-week-old Siberian husky by repeatedly slapping him across the face. He then picked the puppy up by his harness and swung him into the wall. Sangil then picked up the puppy by his harness and swung him into the wall a second time. The puppy went limp after hitting the wall the second time.

Sangil took the puppy to a veterinarian. The injuries to the puppy were so extensive that it needed to be euthanized. The veterinarian realized that the injuries to the puppy were not consistent with the story Sangil was telling her in regards to how the puppy was injured. The veterinarian called Animal Services to report the animal abuse.

Animal Services Officer J. Jordan #034390 generated crime case #A12-458156 regarding this incident. Officer Jordan also wrote the crime report for this incident.

**ORIGIN:**

I received a radio call to assist Animal Services with an interview.

I met with Officer J. Jordan. Jordan told me that she was going to the residence of Sangil and that she was going to interview Sangil regarding the injuries his puppy suffered. Jordan explained to me that a veterinarian had called Animal Services regarding the injuries to Sangil's puppy and how his story of how the injuries occurred was not consistent with the injuries.

Animal Services Officers J. Jordan, M. Levy #027601, and I drove to Sangil's residence at 8416 Torrell Way.

**INVESTIGATION:**

An older gentleman who identified himself as Sangil's father was standing at the front door when we arrived. He told us that Sangil was home and called to him. Sangil walked up to the front door. I asked Sangil if we could come in and talk to him. Sangil said yes and invited us in. Officers Jordan, Levy, and I walked into Sangil's house and into the living room. Sangil, Jordan and Levy sat down on the couches. I

Reporting Officer CORNER	I.D.# 4923	Division: NE1	Approved By	Date of Report: 08/08/2012	Time: 06:00
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Arrest Report		<b>Officer's Report Narrative</b>		Case Number:	
Page 4 of 5					
Code Section And Description (one incident only) 597:F CRUELTY TO ANIMALS/FEL				Time	
Location Of Incident (Or Address): 8416 TORRELL WY San Diego, Ca 92126		City		District	Beat: 242
Person(s) Involved: Victim:					
Suspect (If Named):					
Property Tag No.(s):					

remained standing during the interview. Officer Jordan admonished Sangil and he agreed to talk to her regarding his dog. (See Officer Jordan's report for details).  
 I listened to Sangil's statement to Jordan. It was clear to me that he was not telling the truth. Sangil showed Officer Jordan where he had swung the puppy into the wall and there were two deep dents in the wall.  
 Officer's Jordan and Levy began questioning Sangil about a second puppy. Sangil had told a veterinarian assistant that he had a puppy that drowned in his bathtub. Sangil's story regarding the puppy that drowned was clearly a lie.  
 Based on the veterinarians statement, evidence of inconsistencies in Sangil's statement relating to the puppy's injuries and physical evidence. I placed Sangil under arrest for animal cruelty.

I escorted Sangil out to my police car and placed him in the backseat.  
 I explained to Sangil why he had been arrested. I told him that I believed he had beaten the two puppies to death. I told him that nobody would believe his story about how the two puppies sustained their injuries and that his story was actually offensive to the listener. I told him that for him to think that someone would believe his story he would have to think they were stupid.  
 Sangil then asked me if he should tell the truth.  
 I said "sure, tell me the truth and I will document it."  
 Sangil told me the following:

After taking Sangil's statement I called Officer Levy and told him what Sangil had told me. (See Officer Levy's report for details).

### **BACKGROUND:**

None

### **Statement of Robin Sangil (Suspect):**

Sangil told me the first puppy he had was a white and that it had rolled in the dirt so he had to give it a bath. He took the puppy to his bathtub, but the puppy was afraid of the water. Sangil struggled with the puppy, but became impatient and picked the puppy up by its harness. Sangil then swung the puppy into the wall. The bathtub was full of water; so to punish the puppy he placed the puppy into the water and closed the sliding glass doors to the bathtub. Sangil left the puppy unattended for about forty-five minutes. When he returned the puppy was lying on the bottom of the bathtub, dead. Sangil said he did not know if the injury the puppy sustained from being swung into the wall contributed to it's drowning.  
 Sangil buried the puppy in his backyard.

Reporting Officer CORNER	I.D.# 4923	Division: NE1	Approved By <b>NSBMT</b>	Date of Report: 08/08/2012	Time: 06:00
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Continued From: Arrest Report		<b>San Diego Regional Officer's Report Narrative</b>		Incident Number: 12080012711	
Page 5 of 5				Case Number:	
Code Section And Description (one incident only) 597:F CRUELTY TO ANIMALS/FEL			Time		
Location Of Incident (Or Address): 8416 TORRELL WY San Diego, Ca 92126			City		District Beat: 242
Person(s) Involved: Victim:					
Suspect (If Named):					
Property Tag No.(s):					

After the death of his first puppy Sangil acquired a second puppy. Sangil told me the puppy was teething so it was biting his hand. Sangil wanted to teach the puppy not to bite so every time it bit him he would slap or hit it. Sangil stated, "no matter how many times I hit it, it continued to bite. I know it was only teething, but I am a very impatient person, so I picked it up and swung it into the wall. After it hit the wall I placed my hand in it's face and it still bit me, so I had to punish it. I picked it up and swung it into the wall again. When it hit the wall it went limp."

**EVIDENCE:**

See Officers Jordan and Levy's reports

**FOLLOW-UP:**

Follow-up be handled by Animal Services

**RELATED REPORTS:**

Animal Services crime case #A12-458156

Approved By: Sgt Wade #3506



Reporting Officer CORNER	I.D.# 4923	Division: NE1	Approved By	Date of Report: 08/08/2012	Time: 06:00
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## NARRATIVE

CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) P.C 597(a) Crimes Against Animals			CASE NUMBER A12-458156
DATE(S) August 3, 2012	DAY(S) OF WEEK Friday	TIME(S) 6pm	
LOCATION OF INCIDENT (OR ADDRESS)	CITY San Diego	BEAT C2	
PERSON(S) INVOLVED: VICTIM County of San Diego	SUSPECT (IF NAMED) Robin San Gil	PROPERTY TAG NO.(S)	

**SYNOPSIS:**

On August 3, 2012, **Robin San Gil** brought his 11 week old puppy "Kegan" to Veterinary Specialty Hospital in Sorrento Valley. The puppy was treated for trauma to his spinal cord, liver and kidneys. The veterinary staff reported that **San Gil** told them that the puppy had bitten him and would not let go, so he threw the puppy against the wall. The veterinarians thought the force used on such a young puppy, and the injuries sustained were inconsistent with the story of what happened. During the treatment of the puppy "Kegan", **San Gil** mentioned to a technician at Veterinary Specialty Hospital, that his other puppy had drowned in the bathtub two weeks ago. They reported the suspected abuse to the County of San Diego Department of Animal Services.

On August 7, 2012, I met with **San Gil** with Animal Control Officer **Levy** and San Diego Police Officer **G. Corner**. **San Gil** told us the same story about the puppy, "Kegan." He brought "Kegan" to the vet after the incident, and had to have "Kegan" euthanized due to the extent of the injuries.

Initially **San Gil** denied that he had a puppy that had drowned. He later stated that he did have the puppy and was giving the puppy a bath and left her alone for about 2 minutes. He said when he came back the puppy was limp but still alive and he "gave it away"

SDPD Officer **Corner** took **San Gil** into custody; **San Gil** was arrested for two counts of CPC 597(a) Crimes Against Animals. While being transported, **San Gil** made incriminating statements to Officer **Corner**, regarding the death of both dogs.

**ORIGIN:**

On August 4, 2012 Veterinary Specialty Hospital called to make a report of possible animal abuse regarding a puppy that had been under treatment there. Activity A12-458156 was generated to investigate the report

**INVESTIGATION:**

On August 4, 2012 **Dr. Willey** from Veterinary Specialty Hospital called to make a report of possible animal abuse. Animal Control Officer **M. Prettyman** called to speak with **Dr. Willey**. **Dr. Willey** was unable to speak with Officer **Prettyman** at that time, but, **Randi**, a representative from Veterinary Specialty Hospital, said "Kegan" was still at the clinic and receiving care. Later that day **Dr. Willey** called the Department and stated that **San Gil** had opted to euthanize the puppy and that she would perform a necropsy. She left her work schedule and stated an officer could meet her at the hospital.

On August 5, 2012 I met with **Dr. Willey** to investigate a possible case of animal cruelty. **Dr. Willey**, **Dr. Sachs**, and **Dr. Clare** had been the treating veterinarians for **Robin San Gil**'s puppy an 11 week old Siberian Husky puppy named "Kegan" and were suspicious of how the pupy had been injured. They were also concerned about another possible incident of abuse as **San Gil** had said his other puppy had drowned two weeks prior.

The veterinary staff was concerned that the story they were told by **San Gil** was not consistent with the extent of injury to the dog. **San Gil** told them that "Kegan", an 11 week old husky puppy, had bitten him and would not let go. In order to get the puppy to release his hand, **San Gil** said he hit the puppy against the wall. After hitting the wall, the puppy went limp in the hind end. **San Gil** brought "Kegan" to the vet at 8:15 pm, about two hours after the incident. **Dr. Willey** said that the puppy had, swelling, hemorrhaging and bruising of the spinal cord as well as injuries to the kidney and liver. The trauma to the spinal cord left the puppy without being able to use his hind end. The injuries prevented the puppy from walking, urinating or defecating, and with a poor

REPORTING OFFICER J. Jordan	I.D. # 034390	DIVISION CENTRAL	REVIEWED BY: <i>[Signature]</i>	DATE OF REPORT August 14, 2009	TIME 1000
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# NARRATIVE

CASE NUMBER

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CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) P.C 597(a) Crimes Against Animals	DATE(S) August 3, 2012	DAY(S) OF WEEK Friday	TIME(S) 6pm
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PERSON(S) INVOLVED: VICTIM County of San Diego	SUSPECT (IF NAMED) Robin San Gil	PROPERTY TAG NO.(S)	

prognosis for recovery. **Dr. Willey** said that **San Gil** was unwilling to euthanize the puppy and the hospital agreed to provide overnight care, despite **San Gil's** inability to pay. The puppy made no improvement overnight and **Dr. Willey** stated that the dog did not offer any signs of aggression or try to bite while at the hospital.

That night "Kegan" was seen by a neurologist, **Dr. Stevenson**. **Dr. Stevenson** prepared a report on her findings, (see attached report) it states in part "I suspect that the injury was due to hyperextension/flexion and direct concussive trauma of the spinal column. A hyperextension/flexion injury would be caused by an abrupt change in direction during acceleration similar to whiplash injuries in people. Concussive trauma is when the spinal cord continues to accelerate inside its bony case when the body has abruptly stopped." **Dr. Stevenson** also stated "it would require a significant force to produce this degree of hemorrhage inside the spinal cord which is naturally protected deep in muscle and bone".

When **San Gil** returned to the clinic on August 4, 2012 he was advised that euthanasia was the best option for the puppy. "Kegan" had made no improvement and was still unable to use or feel his hind end, nor was he able to eliminate on his own. He still wanted to take the puppy back home but was told that he could not because of the quarantine and the amount of care that would be required to keep "Kegan". The consensus was that "Kegan" would need months of intensive care, including expressing his bladder and maintaining cleanliness for his fecal incontinence, rehabilitation, monitoring, offering food and water to his face, etc and that he may never improve. **San Gil** opted to relinquish ownership of "Kegan" to Veterinary Specialty Hospital and signed the paperwork relinquishing ownership, but changed his mind and decided to euthanize "Kegan". **Dr. Willey** preformed a necropsy of "Kegan" to determine the extent of the injuries.

On August 5, 2012 I picked up copies of the necropsy report and the medical report from **Dr. Willey**, which are attached, and impounded "Kegan's" remains for rabies testing.

August 6, 2012 I went to the **San Gil** residence. I met with SDPD **Sergeant De La Cruz** and **Officer Fischer #5652**. **San Gil** was not home and I posted a DAS 29 requesting that **San Gil** call and set up meeting times. I did not see or hear any dogs at that time.

On August 7, 2012, I met with **Dr. Clare** at Veterinary Specialty Hospital. She provided me with the photos from the necropsy as well as the radiographs. She told me that "Kegan" had a liver fracture, and kidney damage in addition to the spinal trauma. **Dr. Clare** told me that "significant force" would have been used in injuring this dog; she thought it was more likely to have been from being stomped or kicked. **Dr. Clare** said that if she hit a Chihuahua (an example of a much smaller dog than "Kegan") against the wall she did not think that she could cause the amount and degree of injury suffered by "Kegan".

After leaving the clinic, I went to the **San Gil** residence with SDPD **Officer Corner** and Animal Control **Officer Levy**. An older man, who later identified himself as **Robin San Gil's** father, met us outside. I asked if **Robin** was home and he went inside and brought him back out. We were invited inside the residence to talk to **San Gil**. Sitting on the couch in the **San Gil** home, I admonished **Robin San Gil** with his Miranda rights. When I asked **San Gil** if he understood his rights he answered "yes". When I asked if he was willing to speak with us, he answered "yes". Then **San Gil** asked if he was in trouble. I told him I needed to ask him some questions and started with his dog bite.

**San Gil** told us the same story that he told to the medical staff, that the puppy bit him and would not let go, so he had to hit the dog against the wall to get it to release from his hand. **San Gil** showed me his dog bite, two puncture wounds on his right hand between the thumb and wrist on the palm side of his hand. There was also a small cut on the side of the hand between the pinky finger and the wrist. The bite was not as bruised as I would have anticipated from a dog that had been biting down hard enough, and with enough determination, to hold on until thrown against a wall. **San Gil** said that the dog would not release the bite. He

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## NARRATIVE

CASE NUMBER

A12-458156

SECTION AND DESCRIPTION (ONE INCIDENT ONLY) C 597(a) Crimes Against Animals	DATE(S) August 3, 2012	DAY(S) OF WEEK Friday	TIME(S) 6pm
LOCATION OF INCIDENT (OR ADDRESS)	CITY San Diego	BEAT C2	
PERSON(S) INVOLVED: VICTIM County of San Diego	SUSPECT (IF NAMED) Robin San Gil	PROPERTY TAG NO.(S)	

picked up the dog and threw it against the wall. **San Gil** showed us how he threw the puppy against the wall. He placed his right hand down as if it were in "Kegan's" mouth and used his left hand to simulate grabbing the dog's harness to lift the dog and slam him into the wall.

**San Gil** showed us the wall that he threw "Kegan" into. It was in his room in the closet area. There were marks on the wall that **San Gil** stated were from "Kegan's" legs hitting the wall. **Officer Levy** asked if he was sure those marks were not there before and **San Gil** again said that it was from the puppy's legs. The wall there was fairly solid and it would have taken tremendous force to have "Kegan's" flexible legs make such dents in the wall.

**San Gil** said that after the dog hit the wall, he was unable to use his back end. **San Gil** called his friend and they brought the dog to the vet. **San Gil** said that the veterinarians told him the puppy was basically paralyzed and "Kegan" was euthanized.

**San Gil** said that he only owned one dog, an 11 week old white male Siberian Husky type dog, named "Caleb". At first he denied owning the female puppy that had drowned as reported by the veterinary clinic. He then said that he had a female puppy but his mom made him give it away because she did not want it. **San Gil** did not refer to the female puppy by name, he usually used a distancing term, such as "it" when referring to her. **San Gil** said that the breeder gave him "Kegan" because he felt bad about the other puppy. I asked why he thought his friend would give him another dog to replace the dog his mom made him give away, he

I that his friend felt bad about the incident with the dog that he "lost". We questioned him on use of the word "lost" as he used it a way that would indicate the dog was deceased, he would not acknowledge that she was deceased.

**San Gil** said that the female puppy was a white Siberian Husky type puppy and that "Caleb" and the female would get saliva on each other and get in the dirt. He said that he was giving the female a bath at about 11pm and left her in 6-8 inches of water. He answered his phone, which was in another room, and returned about two minutes later and the puppy's body was limp. He was adamant that she was not deceased and said there were no previous medical conditions he knew about. He said he gave her CPR and she vomited, then he gave her away. When asked, he said that he had given her away to the shelter. When I asked what shelter, he said he had no idea, just a shelter "somewhere in north county". He stated he had not spoken to any at the shelter. He said he just left the dog in a red towel in front of the shelter and did not leave any information. He said the dog was alive when he left her. He said he did not tie her or have her in anything but the towel, just dropped her off at a shelter. **San Gil** showed me the bathtub that this all took place. The bathtub was slightly deeper than average, but not so deep that the puppy could not have stood above the water if it was only 6-8 inches deep.

I requested **San Gil** show me "Caleb". Other than some skin issues with the hind legs, "Caleb" appeared to be a healthy puppy. **San Gil** told me he got "Caleb" about two months ago. He said that he was too young to even get his shots and that he had never had any health concerns/problems with "Caleb". **San Gil** said he got the female puppy about three weeks ago and the drowning incident happened after he had her for about a week. He had owned "Kegan" about a week also.

While I was talking to **San Gil**, **Officer Levy** and **Officer Corner** were talking to **San Gil's** friend **Andres Lagang**, who was there when we contacted **San Gil**. **Lagang** told **Officer Levy** that he had come over after the puppy had drowned. He said that he did not believe that it was accidental and that **San Gil** can get aggressive when he is angry. **Lagang** had seen the female puppy in the garage with **San Gil**, laying on a towel, wet and dead. **Officer Levy** repeatedly asked if he was sure the dog was dead and he kept confirming it was, the dog was not moving, not breathing. **Lagang** was unsure how "Kegan" had been injured. **Lagang** was unsure what had happened to the female puppy's body but said that he did not think that **San Gil** had taken her to a shelter.

I arrested **San Gil** for CPC 597(a) Crimes Against Animals and **Officer Corner** took him into custody.

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## NARRATIVE

CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) <b>P.C 597(a) Crimes Against Animals</b>		DATE(S) <b>August 3, 2012</b>	DAY(S) OF WEEK <b>Friday</b>	A12-458156
LOCATION OF INCIDENT (OR ADDRESS)		CITY <b>San Diego</b>	TIME(S) <b>6pm</b>	BEAT <b>C2</b>
PERSON(S) INVOLVED: VICTIM <b>County of San Diego</b>		SUSPECT (IF NAMED) <b>Robin San Gil</b>		PROPERTY TAG NO.(S)

**Officer Levy** and I spoke with **Lagang** after **San Gil** was taken outside. **Lagang** stated that **San Gil** has had anger management issues since he was a child and that he has had counseling for it before. He was concerned that **San Gil** needed help.

"Caleb" was impounded and a DAS 121 "Impoundment Notice" was posted at **San Gil's** residence. Before bringing "Caleb" out to the truck, **Officer Levy** and I set him into the empty bathtub. "Caleb" is about two weeks older now than the female puppy was when she drowned. He had no problems standing in the tub and was able to jump out easily. Even two weeks ago this puppy or his littermate, in good health, should have been able to stand in 6-8 inch deep water without drowning.

While being transported, **San Gil** made incriminating statements to **Officer Corner**. He said he had hit the female puppy against the wall in the bathroom and had left her in the full tub, unattended, for 45 minutes and that when he came back she was dead. He also said that he threw "Kegan" into the wall twice, resulting in injuries that required euthanasia.

During the booking process, **San Gil** relinquished ownership of "Caleb." **San Gil** also told myself and again, over the phone, told **Officer Levy** where the remains of the female dog were buried in the back yard of his home. **Officer Levy** went back to the **San Gil** residence and met with **Robin's** mother **Avelina San Gil**. She gave **Officer Levy** permission to dig up the remains of the female puppy. **Officer Levy** found the remains of the female puppy in the back yard where **San Gil** has said he would. She was shallowly buried with part of the towel still above the earth and the stench of rotting flesh was strong in that section of the back yard. The remains were exhumed and brought back to the shelter for evaluation. After examination and x-rays it was concluded that the body was too decomposed to do proper diagnostics to accurately determine the cause of the puppy's death and determine if there were injuries to the puppy prior to her being buried.

"Caleb" was examined by **Dr. Flores** at the shelter. Blood was drawn and sent to the laboratory for diagnostics and x-rays were taken. The x-rays are at the specialists, **Seth Wallack**, for review.

On August 8, 2012, I spoke with **Daniel Royce**, breeder of the dogs. He stated that he sold the first dog to **San Gil** for \$200 when it was young. **San Gil** wanted it immediately to surprise his sister, so he had him sign a waiver stating that the puppy had not received his shots and was under two months old. He said that the puppy was named "Caleb". **San Gil** contacted **Royce** again a few weeks later, saying he really liked the dog and wanted another one. **San Gil** purchased the female, "Penelope", from **Royce** for \$200. A few days after **San Gil** had "Penelope", **San Gil** called and told **Royce** that she had a tumor on her leg and had to be put down. **Royce** said they had become friendly and that he gave **San Gil** a male puppy, "Kegan," because he felt bad that the other puppy had a medical condition that he had not known about.

I have been an Animal Control Officer with the County of San Diego for over 4 years. I have been trained through the Animal Control Officer Academy and have since taken several classes pertaining to Penal Code Section 597 Crimes Against Animals and 597.1 Permitting Animals to Go Without Care.

Based on my training and experience, and through this investigation and the statements of the suspect, I believe that **Robin San Gil** maliciously and intentionally maimed and killed his female puppy in violation of Penal Code 597(a). She was killed because he was frustrated at her for being dirty and being afraid of water. He stated that he filled the bathtub all the way and closed the shower doors so she could not escape. He also slammed her against the bathroom wall, very possibly leaving her paralyzed and laying in water that she would have been able to stand in without drowning if she had not been injured. **San Gil** then buried the puppy in the backyard in a shallow grave.

After this experience he acquired another dog, "Kegan". He used the same form of abuse, maliciously and intentionally slamming

REPORTING OFFICER <b>J. Jordan</b>	I.D. # <b>034390</b>	DIVISION <b>CENTRAL</b>	REVIEWED BY <i>[Signature]</i>	DATE OF REPORT <b>August 14, 2009</b>	TIME <b>1000</b>
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# NARRATIVE

CASE NUMBER

A12-458156

JDE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) <b>P.C 597(a) Crimes Against Animals</b>	DATE(S) <b>August 3, 2012</b>	DAY(S) OF WEEK <b>Friday</b>	TIME(S) <b>6pm</b>
LOCATION OF INCIDENT (OR ADDRESS)	CITY <b>San Diego</b>		BEAT <b>C2</b>
PERSON(S) INVOLVED: VICTIM <b>County of San Diego</b>	SUSPECT (IF NAMED) <b>Robin San Gil</b>		PROPERTY TAG NO.(S)

the dog into the wall in violation of a second count of Penal Code 597(a). After the first time, the dog was still not punished adequately so he threw the puppy into the wall a second time, causing injuries so severe that "Kegan" had to be euthanized. It is clear that **San Gil** intended to inflict pain upon both of these puppies, unfortunately leading to their deaths.

## BACKGROUND:

### STATEMENTS:

#### Statement of Suspect Robin San Gil:

Full statement in **Officer Corner's** report

San Gil admitted to slamming the female puppy into the shower wall and leaving her in the bathtub full of water with the shower door closed for 45 minutes and returning to find the dog dead. He left her in the bathtub because she was afraid of the water. He buried the dog in the back yard.

**San Gil** also told **Officer Corner** that "Kegan" kept biting him because "it" was teething. He kept slapping the dog to teach "it" but "it" kept biting him. This time the puppy bit him and he swung him into the wall then put his hand in front of the puppy's face. He said "it" bit him again so he swung "it" into the wall again, this time the puppy went limp.

#### Statement from Faith Anderson, Neurology Technician at VSH

Full statement attached.

Anderson was overseeing a supervised visit with the owner's party and "Kegan..." There was a young gentleman in the corner crying and would not come and pet Kegan. After the visit was over I asked the gentleman in the corner if he wanted to say goodbye to Kegan before we left the room and he replied "no". The gentleman could barely even look at Kegan.

After San Gil decided to have "Kegan" euthanized..." I then took Kegan back downstairs on the gurney so they could say goodbye. We went back into the same room and before we went in there the young gentleman that was crying in the corner, was out on the bench told me he was "sorry". I did not respond back to him. They had the other puppy with them now and they let the puppy walk on the gurney. The puppy was walking on Kegan, so I picked the puppy up and stopped in from stepping all over Kegan. During this visit Kegan seemed anxious and was looking at me a lot. Kegan was hesitant to let them pet him at first. The owner then picked up one of the back legs and it dropped. He then said, "Oh no Kegan can't lift his leg". We told him that Kegan is paralyzed and can't feel his legs or tail. Before we left the owner asked if we could wait till later to perform the euthanasia and Dr. Willey stated "no". We then brought Kegan upstairs, gave him a lot of love and yummy food, and Dr. Willey performed the euthanasia and I assisted her."

#### Statement from Nicole Edwards, lead ER Technician

See attached full statement

"...Mr. San Gil started to cry and stated that he could not lose another puppy as Kegan's sister died 2 weeks ago by drowning. I asked Mr. San Gil if they had a pool that the female puppy fell into accidentally and he stated that she drowned in the bath tub."

#### Statement from Michael Mena, ER Technician

See attached full statement

REPORTING OFFICER <b>J. Jordan</b>	I.D. # <b>034390</b>	DIVISION <b>CENTRAL</b>	REVIEWED BY <i>[Signature]</i>	DATE OF REPORT <b>August 14, 2009</b>	TIME <b>1000</b>
---------------------------------------	-------------------------	----------------------------	-----------------------------------	--	---------------------

NSBMT

CONTINUED

APR 27 2020

RECEIVED

# NARRATIVE

CASE NUMBER <b>A12-458156</b>		
CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) <b>P.C. 597(a) Crimes Against Animals</b>	DATE(S) <b>August 3, 2012</b>	DAY(S) OF WEEK <b>Friday</b>
LOCATION OF INCIDENT (OR ADDRESS) <b>San Diego</b>	CITY <b>San Diego</b>	BEAT <b>C2</b>
PERSON(S) INVOLVED: VICTIM <b>County of San Diego</b>	SUSPECT (IF NAMED) <b>Robin San Gil</b>	PROPERTY TAG NO.(S)

"After assessing Kegan and asking if he knew how this had happened, the client voluntarily told me the only way he could get Kegan off his hand was to pick him up and slam him back into the corner of the wall. That's where he vocalized in pain and was unable to ambulate in both his pelvic limbs. The client did not seem to show any emotion while explaining to me what had happened. After Dr. Sachs had talked to the client, the client changed his story to hitting the dog multiple times to get Kegan off his hand."

**EVIDENCE:**

Kegan's harness, labeled #1

**INJURIES:**

None

**PROPERTY DAMAGE:**

None

**FOLLOW UP:**

"Caleb" has x-rays pending with the specialist.

**RELATED REPORTS:**

- Attachment #1: Activity Card A12-458156
- Attachment #2: Medical report for "Kegan"
- Attachment #3: Neurologist report for "Kegan"
- Attachment #4: "Kegan's" Radiology report
- Attachment #5: X-rays from "Kegan"
- Attachment #6: Necropsy report for "Kegan"
- Attachment #7: Necropsy photos from "Kegan"
- Attachment #8: Photos of bite wound
- Attachment #9: Photos of scene
- Attachment #10: DAS 121, Impoundment Notice
- Attachment #11: Signature Card from relinquishment of "Caleb"
- Attachment #12: Medical History for "Caleb"
- Attachment #13: Copy of Miranda Card

**California Penal Code 597 (a) Crimes Against Animals**

(a) Except as provided in subdivision (c) of this section or Section 599c, every person who maliciously and intentionally maims, mutilates, tortures or wounds a living animal or maliciously and intentionally kills an animal, is guilty of an offense punishable by imprisonment in the state prison or by a fine of not more than twenty thousand dollars (\$20,000), or by both the fine and imprisonment,

REPORTING OFFICER <b>J. Jordan</b>	I.D.# <b>034390</b>	DIVISION <b>CENTRAL</b>	REVIEWED BY: 	DATE OF REPORT <b>August 14, 2009</b>	TIME <b>1000</b>
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NSDMI

CONTINUED ☒

APR 27 2020

RECEIVED



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

DATE APR 27 2020 AT 10:30 M. ☐ CENTRAL ☐ EAST ☐ NORTH ☐ SOUTH

SENT: HON JUDGE PRESIDING, DEPARTMENT

CLERK MPB REPORTER CSR#

REPORTER'S ADDRESS: P.O. BOX 120128, SAN DIEGO, CA 92112

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

DEPUTY DISTRICT ATTORNEY / DEPUTY ATTORNEY GENERAL

DEFENDANT

ATTORNEY FOR DEFENDANT (PD / APD / OAC / RETAINED)

VIOLATION OF PC 1170.2 P.O. L. MORALES

ENH(S) INTERP. OATH ON FILE / SWN.

PRIOR(S) LANGUAGE

DEFENDANT ☒ PRESENT ☐ SELF REPRESENTED ☐ NOT PRESENT ☐ NOT PRODUCED

PROB. REV. ☐ DEFENDANT ADVISED OF RIGHTS AND ADMITS / DENIES A VIOLATION OF PROBATION ☐ WAIVES HEARING.

PROBATION IS / REMAINS: FORMALLY / SUMMARILY ☐ REVOKED ☐ REINSTATED ☐ MODIFIED ☐ CONT. ☐ SAME CONDITIONS ☐ TERM. ☐ EXT. TO:

JUDGMENT ☐ WAIVES ARRAIGNMENT. ☐ ARRAIGNED FOR JUDGMENT. ☐ IMPOSITION / EXECUTION OF SENTENCE IS SUSPENDED.

☐ PROBATION IS: ☐ DENIED ☐ GRANTED 3 YEARS (FORMAL TO COURT) TO EXPIRE ☐ CONVERTS TO PROB. TO COURT

☐ COMMITMENT TO SHERIFF FOR 10 DAYS. STAYED TO 10 PENDING SUCCESSFUL COMPL. OF PROBATION. ☐ PAROLE NOT TO BE GRANTED.

☐ PERFORM 10 DAYS PSP. ☐ HOURS VOL. WORK AT NONPROFIT ORG. ☐ SUBMIT PROOF TO PROBATION / COURT BY AS DIRECTED

☐ 4TH AMENDMENT WAIVER: IMPOSED: ☐ REMAINS IN EFFECT. / DELETED. ☐ PROTECTIVE ORDER: ISSUED / REMAINS IN EFFECT. / MODIFIED. / TERMINATED.

☐ FURTHER CONDITIONS ARE SET FORTH IN PROBATION ORDER. ☐ WORK FULROUGH, REPORT: TO 5600 OVERLAND AVE. STE 190, SAN DIEGO 8:00 A.M.

☐ COMMITMENT TO ☐ CA. DEPT. OF CORRECTIONS & REHAB. ☐ DIVISION OF JUVENILE JUSTICE ☐ SAN DIEGO COUNTY SHERIFF (PC1170(h)/2057) ON

COUNT CODE & NO. FOR LOWER / MIDDLE / UPPER / INDETERMINATE TERM OF YEARS / MONTHS / TO LIFE.

☐ EXECUTION OF CONCLUDING ☐ DAYS ☐ MONTHS ☐ YEARS OF SENTENCE IS SUSPENDED, DURING WHICH TIME THE DEFT. SHALL BE SUBJECT

TO MANDATORY SUPV. BY THE PROB. DEPT. (PC1170(h)(5)(b)). TERMS AND CONDITIONS SET FORTH IN THE ORDER GRANTING MANDATORY SUPV. (CRM-255).

☐ PER PC1170(d) ☐ PER WI1737 ☐ PRINCIPAL COUNT. ☐ STIPULATED SENTENCE. ☐ NO EARLY RELEASE OF ANY TYPE AUTHORIZED.

☐ SENTENCE PER PC667(b)-(j)/1170.12. ☐ NOTICE OF FIREARMS PROHIBITION GIVEN PER PC29805.

☐ NO VISITATION PER PC1202.05. VICTIM IS UNDER 18 YRS. OF AGE. DA TO COMPLY WITH NOTICES.

TESTING: ☐ COMPLIANCE WITH PC296 VERIFIED. ☐ DNA (PC296) ☐ HIV (PC1202.1)

☐ DEFENDANT ADVISED RE: PAROLE / APPEAL RIGHTS. ☐ REGISTER PER ☐ PC290 ☐ HS11590 ☐ PC457.1 ☐ PC186.30

☐ DEFENDANT TO PAY: FINE OF \$                      INCLUDING PENALTY ASSESSMENT, PLUS THE FOLLOWING:

☐ INSTALLMENT/ACCOUNTS RECEIVABLE FEE (PC1205(e)) \$                      ☐ DRUG PROGRAM FEE (HS11372.7) \$                     

☐ LAB ANALYSIS FEE (HS11372.5) \$                      ☐ THEFT FINE (PC1202.5) \$                     

☐ COURT OPERATIONS ASSESSMENT (PC1465.8) \$                      ☐ CRIM JUSTICE ADMIN FEE (GC29550 et seq.) \$                     

☐ CRIMINAL CONVICTION ASSESSMENT (GC70373) \$                      ☐ SEX OFFENDER REG. FINE (PC290.3) \$                     

☐ PROB. HAVING BEEN FORMALLY REVOKED, THE PREVIOUS REST. FINE OF \$                     , SUSP. PER PC1202.44, IS NOW DUE.

☐ RESTITUTION FINES: \$                      (PC1202.4(b)) PLUS 10% (PC1202.4(i)) FORTHWITH (PC2085.5)

\$                      (PC1202.44/PC1202.45) SUSPENDED UNLESS PROBATION/PAROLE/SUPERVISION REVOKED.

☐ RESTITUTION TO VICTIM(S) PER P.O.'S REPORT / RESTITUTION FUND (PC1202.4(f)) \$                      / IN AN AMOUNT

TO BE DETERMINED. ☐ JOINT & SEVERAL. ☐ AT COMBINED RATE OF \$                      PER MONTH TO START 60 DAYS AFTER RELEASE / ON

☐ REPORT TO ☐ PROBATION ☐ REVENUE & RECOVERY ☐ COURT COLLECTIONS ☐ FORTHWITH. ☐ WITHIN 72 HRS. OF RELEASE FROM CUSTODY.

PROCEEDINGS SUSPENDED ☐ PER PC1368, MENTAL COMPETENCY. (SEE BELOW FOR DATES OF EXAMINATION AND HEARING.)

FUTURE HEARINGS WAIVERS: ☐ TIME FOR JUDGMENT. ☐ PRESENCE FOR RESTITUTION HRG. ☐ REFERRED FOR DIAGNOSTIC EVAL. PER PC1203.03. / WI707.2.

                     CONT. TO / SET FOR                      AT                      IN DEPT.                      ON MOTION OF COURT / DDA / DEFT. / PROB. OFFICER.

☐ TO BE HEARD CONCURRENTLY WITH PRELIMINARY HEARING IN CASE                      ☐ TO TRAIL CASE(S)                     

CUSTODY STATUS ☐ DEFENDANT REMANDED TO CUSTODY OF SHERIFF ☐ WITHOUT BAIL. ☐ WITH BAIL SET AT \$                     

☐ MAY BE RELEASED TO REP. OF PD / PROB. APPROVED RES. TREATMENT PROG. ☐ STAY / SERVE BAL. OF CUST. ☐ WHEN BED AVAIL. ☐ AFTER                      CUSTODY.

☐ DEFT. ORDERED RELEASED FROM CUSTODY ☐ ON PROBATION. ☐ ON OWN / SUPERVISED RECOGNIZANCE. ☐ ON DEJ. ☐ ON MANDATORY SUPERVISION.

☐ DEFENDANT TO REMAIN AT LIBERTY ☐ ON BOND POSTED \$                      ☐ ON PROBATION. ☐ ON DEJ. ☐ ON OWN / SUPERVISED RECOGNIZANCE.

BONDS / WARRANTS ☐ BENCH WARRANT TO ISSUE, BAIL SET AT \$                      ☐ COUNSEL REPORTS NO CONTACT WITH DEFENDANT.

☐ SERVICE FORTHWITH. ☐ ORDERED WITHHELD TO                      ☐ BENCH WARRANT ISSUED / ORDERED                      IS RECALLED / RESCINDED.

☐ DECLARATION OF NON-COLLUSION & RE-ASSUMPTION OF LIABILITY FILED. ☐ BAIL FORF. IS SET ASIDE. ☐ BAIL ☐ REINSTATED ☐ EXONERATED ☐ FORFEITED.

☐ UPON PAYMENT OF COURT COST \$                      WITHIN 30 DAYS. ☐ COST WAIVED. BOND AMT \$                      BOND NO.                     

BOND COMPANY                      AGENT                     

OTHER ☐ ALL PROPERTY IMPOUNDED, SEIZED, OR HELD IN CUSTODY IN THIS CASE TO BE DISPOSED OF PER POSSESSING AGENCY'S POLICY.

☐ PROBATION: PREPARE SUPPLEMENTAL REPORT. / SUBMIT POST-SENT. REPORT TO CDCR PER PC1203c. ☐ SEE ATTACHED MINUTES FOR ADDITIONAL ORDERS.

☐ CONCURRENT WITH / CONSECUTIVE TO:                      CLERK: ☐ REGISTRAR OF VOTERS. ☐ DMV ABSTRACT B.A.C.                     

DAYS CREDIT FOR TIME SERVED	
<u>                    </u>	LOCAL
<u>                    </u>	STATE INST.
<u>                    </u>	PC4019 [2/4]
<u>                    </u>	PC4019 [2/2]
<u>                    </u>	PC4019 (b)(1)/(c)(1) [2/2]
<u>                    </u>	PC4019 (b)(2)/(c)(2) limited [2/4]
<u>                    </u>	PC2933(e)(1) [1/1]
<u>                    </u>	PC2933(e)(3) disqualified [2/4]
<u>                    </u>	PC2933.1 [15%]
<u>                    </u>	RESIDENTIAL TREATMENT
<u>                    </u>	TOTAL CREDITS

Date APR 27 2020 ATTEST A TRUE COPY, Clerk of the Superior Court by                      Deputy

Distribution by                      on                      to JAIL DEFT. ATTY. PROS. PROB. R&R Other:                     

SDSC CRM-002B (Rev. 4/14) **FELONY MINUTES - PRONOUNCEMENT OF JUDGMENT**

**NSBMT**

**APR 27 2020**

**RECEIVED**

THE CITY OF SAN DIEGO

Date: February 26, 2016  
To: Honorable Judge Presiding  
From: Bill Overstreet Grounds Maintenance Manager, Mission Bay Park  
Subject: Proof of completion for community service hours for Robin Gregory San Gil  
D.O.B. 10/4/1993

---

This letter is to serve as proof of completion for Robin Gregory San Gil. He completed one hundred thirty hours of community service in Mission Bay Park. Mr. San Gil worked sixteen, eight hour days and one, two hour day starting on January 11, 2016 and completing his days on February 25, 2016.

If you have any other questions or concerns feel free to call me at (858) 581-9979.



Bill Overstreet

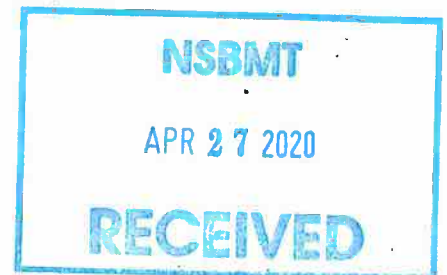
Grounds Maintenance Manager

City of San Diego

Park & Recreation Department, Developed Regional Parks Division, Mission Bay Park

[boverstreet@sandiego.gov](mailto:boverstreet@sandiego.gov)

"We Enrich Lives Through Quality Parks and Programs"



**Developed Regional Parks Division • Park and Recreation**

2125 Park Boulevard • San Diego, CA 92101-4792

Tel (619) 235-1100 Fax (619) 235-1160



Bond

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  
CENTRAL DIVISION

THE PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff,  
v.  
ROBIN SANGIL,  
dob [redacted], Booking No. 12556043A  
aka ROBIN PACLIBER SANGIL;  
Defendant

CT No. CD242537  
DA No. ADF894

COMPLAINT-FELONY

INFORMATION

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

COPY

PC296 DNA TEST STATUS SUMMARY

Defendant	DNA Testing Requirements
SANGIL, ROBIN	DNA sample has been previously provided

CHARGE SUMMARY

Count	Charge	Issue Type	Sentence Range	Special Allegations	Allegation Effect
1	PC597(a) SANGIL, ROBIN	Felony	16-2-3		
2	PC597(a) SANGIL, ROBIN	Felony	16-2-3		

PC1054.3

INFORMAL REQUEST FOR DISCOVERY

The undersigned, certifying upon information and belief, complains that in the County of San Diego, State of California, the Defendant(s) did commit the following crime(s):



## CHARGES

### COUNT 1 - ANIMAL CRUELTY

On or about and between July 21, 2012 and August 3, 2012, ROBIN SANGIL did maliciously and intentionally maim, mutilate, torture, wound and kill an animal in violation of PENAL CODE SECTION 597(a).

### COUNT 2 - ANIMAL CRUELTY

On or about and between August 3, 2012 and August 4, 2012, ROBIN SANGIL did maliciously and intentionally maim, mutilate, torture, wound and kill an animal in violation of PENAL CODE SECTION 597(a).

---

NOTICE: Any defendant named on this complaint who is on criminal probation in San Diego County is, by receiving this complaint, on notice that the evidence presented to the court at the preliminary hearing on this complaint is presented for a dual purpose: the People are seeking a holding order on the charges pursuant to Penal Code Section 872 and simultaneously, the People are seeking a revocation of the defendant's probation, on any and all such probation grants, utilizing the same evidence, at the preliminary hearing. Defenses to either or both procedures should be considered and presented as appropriate at the preliminary hearing.

Pursuant to PENAL CODE SECTION 1054.5(b), the People are hereby informally requesting that defendant's counsel provide discovery to the People as required by PENAL CODE SECTION 1054.3.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER CD242537, CONSISTS OF 2 COUNTS.

Executed at City of San Diego, County of San Diego, State of California, on August 14, 2012.

---

COMPLAINANT

---

INFORMATION

BONNIE M. DUMANIS  
District Attorney  
County of San Diego  
State of California  
by:

Date

Deputy District Attorney





**AUDITOR AND CONTROLLER / REVENUE AND RECOVERY**  
STATEMENT OF YOUR ACCOUNT

ACCOUNT NUMBER

04/08/13

STATEMENT DATE

MAKE PAYMENT PAYABLE TO

--> OFFICE OF REVENUE  
AND RECOVERY

PAY THIS AMOUNT

--> 30.00

INDICATE ADDRESS OR NAME CORRECTION

PAYMENT MUST BE  
RECEIVED BY

04/19/13

AMOUNT  
ENCLOSED  
MAIL WITH PAYMENT TO:

#BWNINUVJ  
#1004 4700 6465 2588#  
SANGIL, ROBIN PACLIBER

SAN DIEGO COUNTY  
AUDITOR AND CONTROLLER  
OFFICE OF REVENUE AND RECOVERY  
POST OFFICE BOX 129037  
SAN DIEGO, CA 92112

3000002351553000300000000235155300030000 HH

PLEASE DETACH AND RETURN UPPER PORTION OF YOUR STATEMENT FOR PROMPT ACCOUNT CREDIT  
NOTE: PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL BE REFLECTED ON NEXT MONTHS STATEMENT

PAGE 1

ACCOUNT NUMBER		NAME ON THE ACCOUNT			
		SANGIL, ROBIN PACLIBER			
STATEMENT DATE	TOTAL AMOUNT OWED	PAST DUE AMOUNT	CURRENT AMOUNT DUE	PAY THIS AMOUNT	PAYMENT MUST BE RECEIVED BY
04/08/13	1693.00	0.00	30.00	30.00	04/19/13
Trans Date	Description			Charges	Balance
03/08/13	**** VICTIM RESTITUTION **** RESTITUTION FORMAL PROBATION			200.00	200.00
	**** ADULT PROBATION FINE ****				
03/08/13	ADMINISTRATIVE FEE			59.00	
03/08/13	COURT FINE			200.00	
03/08/13	CRIMINAL JUSTICE ADMIN FEE GC29550.			154.00	
03/08/13	COURT SECURITY FEE			120.00	
03/08/13	GC70373-ICNA			90.00	
03/08/13	PENALTY ASSESSMENT \$28 6/10/2020 AB			560.00	
03/08/13	RESTITUTION FINE			240.00	
03/08/13	STATE SURCHARGE			40.00	1463.00
03/08/13	**** ADMIN FEES RESTITUTION **** ADMIN FEES FOR VICTIM RESTITUTION			30.00	30.00

FC INFORMATION REGARDING  
THIS ACCOUNT CALL (619)515-6200

On 9/7/2012, Our Office on Chesapeake Drive  
relocated to the County Operations Center at  
5530 OVERLAND AVE STE 310 SAN DIEGO CA 92123



# AUDITOR AND CONTROLLER / REVENUE AND RECOVERY

## STATEMENT OF YOUR ACCOUNT

ACCOUNT NUMBER	05/08/13	STATEMENT DATE	MAKE PAYMENT PAYABLE TO	--> OFFICE OF REVENUE AND RECOVERY
			PAY THIS AMOUNT	--> 50.00
INDICATE ADDRESS OR NAME CORRECTION			PAYMENT MUST BE RECEIVED BY	05/19/13
			AMOUNT ENCLOSED	
			MAIL WITH PAYMENT TO:	

#BWNLVNJ  
#1004 4700 6564 5110#  
SANGIL, ROBIN PACLIBER

SAN DIEGO COUNTY  
AUDITOR AND CONTROLLER  
OFFICE OF REVENUE AND RECOVERY  
POST OFFICE BOX 129037  
SAN DIEGO, CA 92112

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PLEASE DETACH AND RETURN UPPER PORTION OF YOUR STATEMENT FOR PROMPT ACCOUNT CREDIT  
NOTE: PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL BE REFLECTED ON NEXT MONTHS STATEMENT

PAGE 1

ACCOUNT NUMBER		NAME ON THE ACCOUNT				
		SANGIL, ROBIN PACLIBER				
STATEMENT DATE	TOTAL AMOUNT OWED	PAST DUE AMOUNT	CURRENT AMOUNT DUE	PAY THIS AMOUNT	PAYMENT MUST BE RECEIVED BY	
05/08/13	1663.00	0.00	50.00	50.00	05/19/13	
Trans Date	Description			Charges	Credits	Balance
04/15/13	**** VICTIM RESTITUTION ****					200.00
	**** ADMIN FEES RESTITUTION ****					
	PAYMENT				30.00	0.00



FOR INFORMATION REGARDING  
THIS ACCOUNT CALL (619) 515-6200

6/17 \$50.-  
7/17 \$50.-  
8/17 \$50.-

5/17/13 Richard (needs to call back in September for the next payment.  
June - August is already set-up).  
6/14/13 Reconfirm info via phone.

# AUDITOR AND CONTROLLER / REVENUE AND RECOVERY

## STATEMENT OF YOUR ACCOUNT

ACCOUNT NUMBER	09/06/13	MAKE PAYMENT PAYABLE TO	--> OFFICE OF REVENUE AND RECOVERY
	STATEMENT DATE	PAY THIS AMOUNT	--> 50.00
INDICATE ADDRESS OR NAME CORRECTION		PAYMENT MUST BE RECEIVED BY	09/19/13
		AMOUNT ENCLOSED	
		MAIL WITH PAYMENT TO:	

#BWNLVJ  
#1004 4700 6852 8792#  
SANGIL, ROBIN PAULIBER

SAN DIEGO COUNTY  
AUDITOR AND CONTROLLER  
OFFICE OF REVENUE AND RECOVERY  
POST OFFICE BOX 129037  
SAN DIEGO, CA 92112

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PLEASE DETACH AND RETURN UPPER PORTION OF YOUR STATEMENT FOR PROMPT ACCOUNT CREDIT  
NOTE: PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL BE REFLECTED ON NEXT MONTHS STATEMENT

PAGE 1

ACCOUNT NUMBER		NAME ON THE ACCOUNT				
		SANGIL, ROBIN PAULIBER				
STATEMENT DATE	TOTAL AMOUNT OWED	PAST DUE AMOUNT	CURRENT AMOUNT DUE	PAY THIS AMOUNT	PAYMENT MUST BE RECEIVED BY	
09/06/13	1463.00	0.00	50.00	50.00	09/19/13	
Trans Date	Description			Charges	Credits	Balance
08/16/13	**** VICTIM RESTITUTION **** PAYMENT				50.00	0.00
	**** ADULT PROBATION FINE ****					1463.00
<p><i>Payments ext up w/ Anita on 9/16/13</i></p> <p><i>\$50 - 9/16/13</i></p> <p><i>\$50 - 10/16/13</i></p> <p><i>\$50 - 11/16/13</i></p> <p><i>\$50 - 12/16/13</i></p>						

FOR INFORMATION REGARDING  
THIS ACCOUNT CALL (619) 515-6200



# AUDITOR AND CONTROLLER / REVENUE AND RECOVERY

## STATEMENT OF YOUR ACCOUNT

ACCOUNT NUMBER

12/06/13

STATEMENT DATE

MAKE PAYMENT PAYABLE TO

--> OFFICE OF REVENUE  
AND RECOVERY

PAY THIS AMOUNT

--> 150.00

INDICATE ADDRESS OR NAME CORRECTION

PAYMENT MUST BE  
RECEIVED BY

12/19/13

AMOUNT  
ENCLOSED

MAIL WITH PAYMENT TO:

#BWNLNJVJ  
#1004 4700 7063 3861#  
SANGIL, ROBIN PACLIBER

SAN DIEGO COUNTY  
AUDITOR AND CONTROLLER  
OFFICE OF REVENUE AND RECOVERY  
POST OFFICE BOX 129037  
SAN DIEGO, CA 92112

30000002351553001500000000235155300150000 HH

PLEASE DETACH AND RETURN UPPER PORTION OF YOUR STATEMENT FOR PROMPT ACCOUNT CREDIT  
NOTE: PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL BE REFLECTED ON NEXT MONTHS STATEMENT

PAGE 1

ACCOUNT NUMBER		NAME ON THE ACCOUNT				
		SANGIL, ROBIN PACLIBER				
STATEMENT DATE	TOTAL AMOUNT OWED	PAST DUE AMOUNT	CURRENT AMOUNT DUE	PAY THIS AMOUNT	PAYMENT MUST BE RECEIVED BY	
12/06/13	3505.00	75.00	75.00	150.00	12/19/13	
Trans Date	Description			Charges	Credits	Balance
11/18/13	**** ADULT PROBATION FINE **** PAYMENT				50.00	1313.00
	**** ADULT PROB SUPERVISION COSTS ****					2192.00

FOR INFORMATION REGARDING  
THIS ACCOUNT CALL (619) 515-6200



Auditor and Controller  
Office of Revenue and Recovery  
Post Office Box 121909  
San Diego, CA 92112

Account Statement  
Statement Date 03/19/20  
Page 1

Telephone  
(619) 515-6200

Hours of Operation  
Mon - Fri 8 am - 5 pm

Send Correspondence to:  
Office of Revenue and Recovery  
Post Office Box 121909  
San Diego, CA 92112

#BWNLNVTJ  
#1004 4700 9731 6292#  
SANGIL, ROBIN PACLIBER

ACCOUNT NUMBER:

Summary		
Last Statement Total Amount Owed	\$	2,400.00
New Charges	+\$	0.00
New Interest	+\$	0.00
Payments	-\$	0.00
Adjustments	\$	0.00
<hr/>		
Total Amount Owed This Statement	\$	2,400.00
PAY THIS AMOUNT BY 03/19/20:	\$	0.00

Detailed Activity Since Your Last Statement Reflected on Subsequent Page(s)

Payments and/or adjustments received after the statement date will be reflected on your next statement.

Depending on the type of debt and whether it is valid and not time-barred additional action(s) may be taken including, but not limited to, the following:

1. The filing of a judgment against you;
2. A levy on your assets, such as wages, bank accounts, real estate, etc.;
3. The withholding of any tax refund you may be entitled to;
4. If you are currently on probation, notifying your probation officer. This may result in revocation of your probation and a warrant for your arrest; and/or
5. Referral to a third party collection agency. This agency may also report your delinquent account with the credit bureaus.

Detach and return with your payment. Allow 7 days for processing.

Account Number: SANGIL, ROBIN PACLIBER  
Total Amount Owed: \$2,400.00  
PAY THIS AMOUNT BY 03/19/20: \$0.00

Please write or include account number on check or money order and make payable to:  
OFFICE OF REVENUE AND RECOVERY

For immediate credit to your account, we accept check, debit, and credit card payments over the phone at (619) 515-6200, and via online at:  
<http://www.sandiegocounty.gov/content/sdc/auditor/orrpage4.html>

If any of your contact information has changed please write your changes on the back.

SAN DIEGO COUNTY  
AUDITOR AND CONTROLLER  
OFFICE OF REVENUE AND RECOVERY  
POST OFFICE BOX 129037  
SAN DIEGO, CA 92112

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NSBMT

APR 27 2020

RECEIVED

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6q

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

**MEETING DATE:** June 10, 2020

**APPLICANT:** Haifang Xie

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

### BACKGROUND INFORMATION:

Ms. Xie's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Xie was arrested on January 11, 2018 by Torrance Police Department for Prostitution. Ms. Xie is requesting to be granted a license under NRS 640C.580 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(2)(9).

### ACTION:

- ☐ Approved  
☐ Tabled  
☐ Denied – NRS 640C. \_\_\_\_\_  
☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 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. Notify the Board of any changes in his or her employment.
<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.
<input type="checkbox"/> G. Attend 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) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:



Board Meeting Application review:

Summary of Haifang Xie arrests/charges:

01/11/2018 – Prostitution – Torrance PD – Case was rejected by the City Prosecutor.  
Documents received by Torrance PD indicates the following:

On 11 January 2018, Detectives from the Torrance Police Department conducted an undercover vice operation in the City of Torrance.

While searching publicly accessible websites, we observed an advertisement with several photos of an Asian female subject and the phone number of XX. At the bottom of the website, the following words were listed: shower together, nuru, bluejay, GFE, 69 and kiss. Based on the above, I informed the opinion the advertisement was intended to solicit a sexual act in exchange for currency. The phone number was contacted via text message at which time a response with the location, specific room number, and price were provided. I was advised to respond to 3525 Torrance Blvd, Torrance, CA room 328. The "donation" was "160hr 120hh 100qk". Based on my training and experience, "160hr" means \$160.00 per hour, "120hh" means \$120.00 per half hour, and "100qk" means \$100.00 for a quickie. When asked, "What can I get for \$120.00?", I received a response for "everything".

On January 11, 2018 at approximately 1510 hours, I (Detective A. Lee) responded to the above listed address of 3525 Torrance Blvd (Extended Stay America) Torrance, Ca. I walked into the hotel and up to room #328. I knocked on the front door at which time an Asian female subject, later identified as arrestee Haifang Xie, opened the door. Immediately upon making entry through the front door, Ms. Xie patted me down from my shoulders, to my arms, and down to my waist. Ms. Xie felt a set of keys that were inside of a pocket on my left arm at which time she looked up at me. I told Ms. Xie that the objects inside of my pocket were my keys. It should be noted Ms. Xie was wearing minimal clothing, similar to a night gown. I requested to use the restroom and was allowed into the restroom. I attempted to close the door at which time Ms. Xie states that I could not close the door and stood in the doorway of the restroom. Based on the fact Ms. Xie was directly behind me, I stepped out of the restroom and into the main bedroom area. I attempted to confirm pricing with Ms. Xie at which time she asked if I was going to disrobe. Ms. Xie stood between myself and the front door and continued to motion for me to remove my clothing. I asked Ms. Xie if she was asking me to remove my clothing at which time, she nodded her head, yes. At this time, Ms. Xie picked up a black flip cell phone from the kitchen countertop and began pressing the buttons. I asked Ms. Xie who she was contacting and received no response. A few moments later, I again attempted to ask Ms. Xie about specific pricing at which time I was again met with no response. As Ms. Xie began making a phone call and placed her phone against her ear, I asked who she was contacting. Again, Ms. Xie did not respond. Ms. Xie began to walk back toward the front door and began to slowly open the door. During this time, I continued to ask Ms. Xie who she was calling and received no response. It should be noted Ms. Xie was maintain a visual on my specific location within the room while on the phone.

Based on the fact Ms. Xie patted me down immediately upon entering, the fact Ms. Xie requested me to use the restroom with the door open while Ms. Xie maintained eye contact on me, the fact Ms. Xie positioned herself between myself and the front door, the fact Ms. Xie began utilizing her cell phone while ignoring my questions, and the fact Ms. Xie began opening the door for an unknown reasons, I ended the operation and requested an awaiting response team consisting of Torrance Police Department personnel to enter the room. I attempted to open the door to check to see if any subjects

were entering the room. I did not see anyone outside of the room. Ms. Xie then began pushing the door shut while inside of the room in an effort to keep me out. I kept the door open by pushing from the outside. Ms. Xie was then contacted by Torrance Police Department personnel and detained.

Based on the fact Torrance Police Department Detectives contacted a phone number listed on a publicly accessible website, the fact a response with a location, specific room number, and price were provided, the fact I contacted Ms. Xie inside of the provided room while wearing minimal clothing, and the fact Ms. Xie conducted an act of furtherance by requesting to have me remove my clothing, I formed the opinion Ms. Xie was in violation of California Penal Code Section 647(b) – Prostitution. Ms. Xie was placed under arrest for the same.

**California Penal Code 647(b) reads: 647.**

Except as provided in paragraph (5) of subdivision (b) and subdivision (k), every person who commits any of the following acts is guilty of disorderly conduct, a misdemeanor:

(b) (1) An individual who solicits, or who agrees to engage in, or who engages in, any act of prostitution with the intent to receive compensation, money, or anything of value from another person. An individual agrees to engage in an act of prostitution when, with specific intent to so engage, the individual manifests an acceptance of an offer or solicitation by another person to so engage, regardless of whether the offer or solicitation was made by a person who also possessed the specific intent to engage in an act of prostitution.

Prepared by Tereza Van Horn, Executive Assistant



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL191114021686

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

### Applicant Name

**Last Name :** XIE  
**First Name :** HAIFANG  
**Middle Name :**



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

No record found.

### Mailing address :

**Street :**  
**City :** **State :** **Zip :**

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

**Street :**  
**City :** **State :** **Zip :**

**Social Security Number :** **Date of Birth :**  
**Place of Birth :** **Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☐ Home ☒ Mailing ☐ Business

**Do you want to be excluded from the public mailing list? (Select one - You will still receive Board**

**notifications)**

☒ Yes ☐ No

**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

**Section 3 : Previous Licensure Information****Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

- ☒ Check here if you have never been licensed in any state jurisdiction.

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

**Section 4 : Training and Education****Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
AMO SCHOOL NV	LAS VEGAS	2019 - 2019	650

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
OL191114021686-116254-Transcript.pdf	AMO SCHOOL-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	Las Vegas/NV	05/27/2019

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
191114021686-116098-ScoreReportCard.jpg	MBLEX	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

**Last Name :** XIE

**First Name :** HAIFANG

**Middle Name :**

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 11/22/2019

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **HAIFANG XIE** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.



I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : HAIFANG XIE

Date : 11/22/2019

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Transcript	OL191114021686-116254-Transcript.pdf	AMO SCHOOL-TRANSCP	
Certificate of Completion	OL191114021686-116253-Certificate-of-Completion.pdf	AMO SCHOOL-DIPL	
Photo	12810-116102-XIE, HAIFANG.jpg		
Score Report Card	191114021686-116098-ScoreReportCard.jpg	MBLEX	
Social Security Card	OL191114114681-115924-Social-Security-Card.pdf		
Government Issued ID Card	OL191114114681-115923-Government-Issued-ID-Card.pdf		

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:



## 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: Haifang Xie

Student ID:

CUM GPA: 3.0

Date of Birth:

Start Date: 07/08/2019

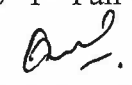
Graduation Date: 12/02/2019

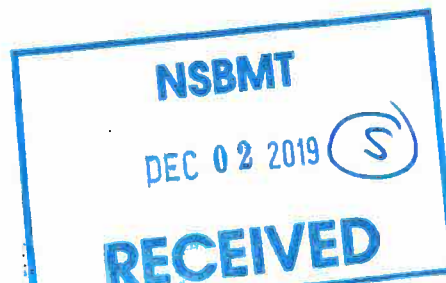
### Official Student Academic Transcript

Professional Massage Therapist Program 650 Hours			
285 Hours Theory		365 Hours Practicum	
SUBJECT	HRS	SUBJECT	HRS
1. Health & Safety	10	1. Swedish	75
2. Contradictions	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
<b>Theory GPA</b>	<b>B</b>	<b>Practicum GPA</b>	<b>C</b>

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

**Haifang Xie**

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



*K. J. M.*

Instructor

07/08/2019 - 12/02/2019

Date

*and.*

Director

NSBMT

DEC 02 2019

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AMO SCHOOL NV





**MBLEX Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEX scores received on: 06-16-2019**

**Last Name**      **First Name**      **Last four SS#**      **DOB**

**Exam Date**      **Attempt**      **Pass/Fail**      **Language**      **School**

Xie	Haifang	06-15-2019	1	Pass	English	AMO School
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**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>

December 9, 2019

Haifang Xie

Re: DISPOSITION OF RECORD

Dear Ms. Xie,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your 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).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **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.

Your background check will expire on **06/30/2020**. Your massage license must be completed and issued by the above expiration date, or you 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,

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

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

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

**Haifang Xie**

December 18, 2019

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



Re: December 9, 2019 Letter Regarding Disposition of Record

Dear Ms. Van Horn:

I am writing to provide the documents and information requested in the Board's December 9, 2019, letter regarding a January 11, 2018, arrest in Torrance, California.

In addition to the attached documentation, I provide a written narrative herein describing the incident, the circumstances that led up to the incident, and the outcome of the incident. I submit all statements in this letter to the Board as a declaration under N.R.S. 53.045.

On January 11, 2018, I was staying at a hotel in Torrance, California. I was visiting Torrance to go to the beach. While I was in my hotel room at around noon, I heard someone knocking loudly and rapidly on my room door. When I opened the door, a man asked to borrow the restroom in my room. He was very insistent. I finally allowed him to enter the room to borrow the restroom. Once inside, he said something strange in English that I did not understand, and then multiple police officers entered the room. I was arrested on a charge of prostitution and taken to jail, where I later was able to be released on bail.

I appeared for court on March 15, 2018. I was told by court personnel that the case was not being pursued and that I was free to go. I was given two pages by court personnel stating that I had appeared for the court date and that the case was rejected by the city prosecutor.

I note that the FBI report attached with the Board's December 9, 2019, letter appears to be consistent with what I was told on March 15, 2018, and with the



documentation that was given to me on March 15, 2018. I do not understand all of the abbreviations and language used in the FBI report, but it appears to me to also reflect that there was insufficient evidence of any crime having been committed by me.

I have attached with this letter a copy of the documentation that was given to me on March 15, 2018, in Torrance. Immigration authorities later required that I give them the original documentation that had been given to me in Torrance. I obtained the attached copy from the original in the immigration file in New York state.

I also went to the court in Torrance seeking further documents regarding the disposition of any court case. The attached certificate from the court clerk certifies that there is no case file for my name. I understand that to mean that no case ever was filed, after the city prosecutor rejected the case.

I trust that these papers fully respond to the Board's inquiry.

In particular, the Board has requested the disposition from the court I appeared at regarding the arrest. I believe and understand that the attached papers respond to that request. The papers establish: (a) that I appeared in court as directed on March 15, 2018, (b) that the case was rejected by the city prosecutor, and (c) that there therefore is no case file under my name with the court.

The Board also requested receipts for all fines or penalties showing that they have been paid. Because no case ever was filed because the prosecution was rejected, there were no fines or penalties.

However, if the Board needs anything further, please let me know.

I declare under penalty of perjury that the foregoing is true and correct, pursuant to N.R.S. 53.045.

Sincerely,

Haifang Xie

Enclosures

*Haifang Xie*



<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES</b>	
COURTHOUSE ADDRESS: <b>825 Maple Avenue Torrance, Ca 90503</b>	
NAME SEARCHED: <b>Xie Haifang</b>	<b>CERTIFICATE OF CLERK RE: NAME SEARCH RESULTS</b>
DATE OF BIRTH:	

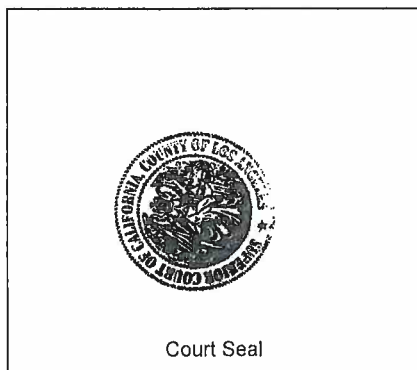
I, SHERRI R. CARTER, Executive Officer/Clerk of the Superior Court of California, County of Los Angeles, do hereby certify that I am the Custodian of Records of the Superior Court of California, County of Los Angeles, and that I have conducted a thorough search of all Court records, excluding those that are sealed pursuant to California Rules of Court, Rule 2.550, or are confidential by law,

from 1979 to 2019 for the above-referenced name, and that:  
(YEAR / DATE) (YEAR / DATE)

- ☐ I am unable to provide you with a copy of the case information/case number. The case information requested has been purged and/or destroyed pursuant to Court order. (G.C. 68152)
- ☒ My search has disclosed "NO CASE FILE" for the aforementioned name.
- ☐ My search has disclosed that the following case(s) was (were) filed involving the above-referenced name:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

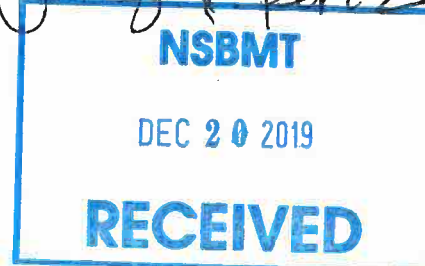
DATE: 12/13/2019



SHERRI R. CARTER, Executive Officer/Clerk

By: \_\_\_\_\_

Deputy Clerk



**CERTIFICATE OF CLERK – NAME SEARCH RESULTS**


SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

## PROOF OF APPEARANCE

NSBMT

DEC 20 2019

RECEIVED

<i>I certify that the person named below appeared in the court as indicated.</i>		
NAME OF PERSON WHO APPEARED IN COURT (PRINT) Xle, Halfang	CASE/CITATION NUMBER	<input checked="" type="checkbox"/> NO FILING TO DATE
<b>APPEARED AS: (Capacity)</b> <input checked="" type="checkbox"/> Defendant: <input type="checkbox"/> Witness: <input type="checkbox"/> Other: _____	<b>PLACE OF APPEARANCE:</b> <input type="checkbox"/> COURTROOM: DEPT. _____ <input type="checkbox"/> CLERK'S OFFICE	
<b>DATE:</b> 03/15/2018  <b>TIME:</b> 9:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	 SHERRI R. CARTER, EXECUTIVE OFFICER/CLERK By <u>A. Allen</u> , Deputy	
<b>COMMENTS:</b> Case was rejected by the City Prosecutor. _____ _____ _____		

RETAIN THIS FOR YOUR RECORDS

ARRESTING AGENCY

**AKA(S)**

DEFENDANT (Last name, first, middle initial)

XIE, HAIFANG

VIOLATION(S) / (CHARGE(S))

647(b)PC

☐ District Attorney's Office☐ Arresting Agency

☐ Ticket ☐ O.R. release attached  
Appearance date:

D.A. office hearing date:

ARRESTING / LIAISON OFFICER'S SIGNATURE

L. Blunk

PRINT NAME

R. BLUNTSON

SERIAL / ID. NUMBER

ID. NUMBER  
14617

DATE \_\_\_\_\_

DATE 2/13/18

If bond is attached, complete this section and forward to the **ACCOUNTING DIVISION**.

DATE BAIL POSTED:

[illegible]

\$

BOND NUMBER:

RECEIPT NUMBER

DEPOSITOR

ADDRESS

CITY, STATE, ZIP CODE

APPEARANCE DATE

☐ Cash bail refunded to depositor

☐ Bond exonerated (date):

COMPLETED BY (Signature)

DATE \_\_\_\_\_

76C652F - SBD028 (Rev. 10/07)

ORIGINAL - Court Case File; CANARY - Defendant; PINK - Accounting Division































**NSBMT**

DEC 20 2019

RECEIVED

ATTACH  
TICKET IN  
THIS AREA

[illegible]

1.                              

CONFIDENTIAL



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

February 21, 2020

Haifang Xie

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. Xie:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 25, 2020. The meeting will begin at 9:00 a.m. in the following locations:

**Las Vegas Location**

Grant Sawyer Building

555 E. Washington Ave, Suite 4412

Las Vegas, NV 89101

or

**Carson City Location**

Legislative Counsel Bureau

401 S. Carson Street, Room 2135

Carson City, NV 89701

Please bring a valid form of photo identification to the meeting. You may attend at either location. 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,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

COPY

9489 0090 0027 6154 3560 75





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

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

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

May 11, 2020

Haifang Xie

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. Xie:

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 June 10, 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/meeting/register/tJc9f-mhqTguGNyc09MqVYIik-5pMzMN9Oag>

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

Meeting ID 914-0777-9129

Password 564860

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.

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If you have any questions, please feel free to contact the office at (775) 687-9955.

COPY

Sincerely,

A blue ink signature of Sandra J. Anderson, written in a cursive style.

Sandra J. Anderson  
Executive Director

9489 0090 0027 6226 3396 23