

**NEVADA STATE BOARD OF MASSAGE THERAPY**

**AGENDA ACTION SHEET**

**TITLE:** Application Review (Education and Administrative

**MEETING DATE:** October 27, 2021

**APPLICANT:** Christian U. Enriquez-Sanchez

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

**BACKGROUND INFORMATION:**

Mr. Enriquez-Sanchez's massage application is before you today for review that could not be approved administratively. Mr. Enriquez-Sanchez was arrested on April 4, 2014 for Domestic battery and battery by Las Vegas Metropolitan Police Department (LVMPD). Mr. Enriquez-Sanchez is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

**ACTION:**

Approved

Probation – NRS 640C.700(2)(3)(9)e

Denied – NRS 640C.700(2)(3)(9)e

Tablede

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

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

**Required for Respondent:**

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.

Board Meeting Application review:

Additional information in relation to Christian U. Enriquez-Sanchez:

**1/27/2016** – Charge amended from domestic battery to battery (not with a deadly weapon) after completion of plea sentence.

**7/1/2015** – Plea Nolo Contendere plea entered for domestic battery with the following sentence of \$305.00 in fines, anger control counseling, 48 hours of community service, no further arrests/citations.

**4/4/2014** – Mr. Enriquez-Sanchez was arrested by Henderson Police Department for Domestic battery/battery arrest.

*4/3/2014 at approximately 2217 hours, I officer XX, was dispatched to the Get n Go Chevron located at 10611 south Eastern Avenue, Henderson, NV 89052 in reference to a possible battery. Officer XXX was in the immediate area and was also dispatched to assist. Officer XXX was the first officer on scene.*

*Henderson dispatch advised that an employee of the Get n Go called and advised that a female in the Get n Go bathroom further advised that the Get n Go employee believed that the female had been assaulted.*

*Upon arrival, I contacted a Hispanic female, adult who was sitting on a bench near the front of the Get n Go store entrance. The female was crying and smelled of a strong odor of an unknown alcoholic beverage. The female verbally identified herself as XX Garcia. I observed a small scratch below Garcia's nostril, a scratch along the left side of Garcia's chin and a small abrasion near the left of Garcia's mouth. Garcia was wiping her face with a tissue when I approached.*

*Garcia's nose had blood coming from it when Officer XXX first contacted Garcia. Officer XX instructed Garcia to wipe her face, compose herself and explain what happened.*

*Garcia had trouble speaking English but advised the following while continuing to cry.*

*Garcia and her husband, Christian Enriquez were drinking at the Twin Peaks bar located on S. Eastern Avenue. Garcia and Enriquez began arguing about Garcia's kids. Garcia asked Enriquez to go home. Garcia and Enriquez were outside of the adjacent BJ's restaurant and Enriquez told Garcia to get in the car. Garcia refused and stated, "No, let's talk." Enriquez left for a few minutes and then returned to pick Garcia up. Garcia assumed Enriquez would have calmed down, but Garcia observed that Enriquez had gotten even more angry. While driving south bound on S. Eastern Avenue, Garcia and Enriquez continued to argue. Garcia attempted to lean over, in the car, and console Enriquez by hugging him. Enriquez stated, "Don't touch me!" Enriquez then began punching Garcia in the face with both of his fists. Garcia then instructed Enriquez to drop her off and she would have her daughter pick her up. Enriquez then drove into the Get n Go parking lot. While at the Get n Go, Garcia exited the car and then instructed Enriquez to wait so she could get her belongings. Garcia reached back in through the open window and Enriquez then quickly drove away causing Garcia to fall. Garcia then walked into the Get n Go store and employees called the police.*

*Garcia pointed to her left should and arm and advised that Enriquez had grabbed her on the arm. Garcia pulled her sleeve down by I could not observe any injuries. I took digital photos of Garcia and her injuries. The digital photos were uploaded to the Henderson PD digital evidence system.*

*Officer XXX entered the Get n Go in an attempt to review recorded video surveillance and speak with employees. Officer XXX returned and advised that the video is in accessible and that management will review the video after 0600 hours on 4/4/2014. Officer XXX further advised that employees did not observe the altercation.*

*Garcia advised that Enriquez was in a new black dodge dart, that had dealership drive out tags. Officers attempted to locate Enriquez within the immediate area and at Garcia home but were met with negative results.*

*I then contacted Enriquez by phone. Enriquez advised that he did not want officers to know where he currently was and only felt comfortable speaking with officers with a lawyer present. Enriquez agreed to meet at the Henderson PD substation on 4/4/2014 at 1500 hours. It is likely that Enriquez was under the influence and did not want to contact officers after having driven under the influence. I asked Enriquez if he wanted a lawyer because he believed he is going to be arrested for something and he would only state that he would feel more comfortable with a lawyer.*

*On 4/4/2014 at approximately 1450 hours, I contacted a male at the Henderson PD substation front lobby who identified himself as Enriquez by means of Nevada Driver's license. Enriquez was accompanied by his mother, did not bring a lawyer with him, and did not ask for one. Officer XXXX was on scene to assist with the call. Enriquez advised of the following:*

*At approximately 2100 hours, Enriquez and Garcia were at the Twin Peaks restaurant. Enriquez and Garcia began arguing and Garcia was insulting Enriquez. Enriquez then left the Twin Peaks. Garcia called Enriquez several times to come back and get her. Enriquez returned to pick Garcia up. Enriquez then recorded Garcia with his cell phone as they argued in Spanish for approximately 15 seconds. Garcia got into the car with Enriquez, and they began to drive south bound on S. Eastern Avenue. While driving south bound on S. Eastern Avenue, between St. Rose Parkway and Horizon Ridge Parkway, Garcia began flapping her arms at Enriquez and attempting to pull the keys out of the ignition. Enriquez believed that Garcia was attempting to hit him by flapping her arms at him. Enriquez then held Garcia away from him using his right arm. Garcia wanted out of the car and Enriquez instructed Garcia to wait until they can pull over somewhere. Enriquez pulled into the Get n go Chevron parking lot and parked in front of the store. Both Enriquez and Garcia exited and began arguing in front of the store. Garcia had Enriquez's phone. Enriquez then began wrestling with Garcia to take back his phone and was scratched on the left of his chest by Garcia. Enriquez was also scratched on the right wrist by Garcia. Enriquez got the phone away from Garcia, got back into his car, and then locked the car from inside. Garcia approached the front passenger door, reached into the window, and was attempting to unlock the car from inside. Garcia leaned back and was out of the window but began attempting to open the car door from the outside. Enriquez then quickly pulled away. Enriquez observed that Garcia fell as he pulled away.*

*Enriquez advised that he did not know why Garcia's nose was bleeding or how Garcia's face got scratched. Enriquez could not articulate how Garcia scratched him on the left side of his chest.*

*Enriquez advised that his shirt had been torn because of fighting with Garcia. Enriquez denied punching Garcia in the face and stated that they only wrestled while trying to take the phone.*

*I observed a single, faint, scratch approximately the width of a normal fingernail on the left side of Enriquez's chest. I observed two, inconsistent, red circular spots on Enriquez's right wrist. Enriquez displayed his cell phone recording which only showed him arguing in Spanish with a female standing a short distance away from his car.*

*I contacted Get n Go management by phone who advised that video surveillance did not record the altercation between Enriquez and Garcia.*

*Due to the above facts and statements, that Enriquez admitted to aggressing Garcia and wrestling with Garcia to take his phone from his wife, that Garcia had injuries and was observed by Officer CC to have bled from her nose which is consistent with Garcia stating that Enriquez punched her that Enriquez fled the scene prior to the arrival of officers and refused to immediately meet with officers, that Enriquez could not give details or explain how the injuries occurred to himself or Garcia, that Enriquez and Garcia are married and live together, I have probable cause to believe that Enriquez was the primary physical aggressor in a domestic battery. Enriquez was then handcuffed and transported to Henderson Detention Center.*

#### **Violation of NRS.640C.700(2)(3)(9)**

2.a Has violated any provision of this chapter or any regulation adopted pursuant thereto;a

3.a 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, reflexology or structural integration or a substantially similar business, or a crime involving moral turpitude;

9.a Has, in the judgment of the Board, engaged in unethical or unprofessional conduct;a

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

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

### Massage Therapy Application

Structural Integration Practitioner  Massage Therapist  Reflexologist

Type or print legibly all portions of this application. Incomplete applications will not be processed.

Section 1 Personal Information			
Applicant Name: Last		First	Middle Initial
<i>Enriquez Sanchez</i>		<i>Christian</i>	<i>Uriel</i>
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:	
		<i>Mexico City</i>	
Home Phone:	Cell Phone:	Business Phone:	Gender:
			Male <input checked="" type="checkbox"/> Female <input 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 checked="" type="checkbox"/> Mailing <input 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):			
<input checked="" type="checkbox"/> I am NOT SUBJECT to a court order for the support of a child.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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)

**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
European Massage Therapy School	Las Vegas, NV	2019 - 2020	500 plus

**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	08/07/2020	08/06/2021

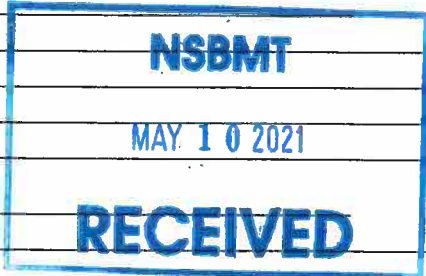




You must answer all of these questions by checking the appropriate "Yes" or "No" box.  
 If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

**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: (*required)</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)          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;          (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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required)</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: Chris Lopez Date: 05/06/21

State of Nevada County of Clark

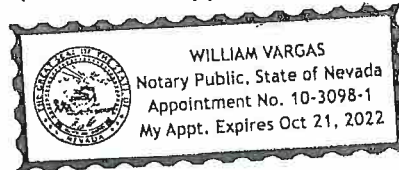
Signed and sworn to before me this 6 day of May 2021

Christian Viel/Enriquez Sanchez, who personally appeared before me.

[Signature]  
Notary Public Signature

Oct 21, 2022  
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 you 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, tis 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: Enriquez Christian Uriel Applicant's Signature: [Signature]
(PLEASE PRINT LAST, FIRST, MIDDLE)

Date: 05/06/21

Submitting Agency: Nevada State Board of Massage Therapy

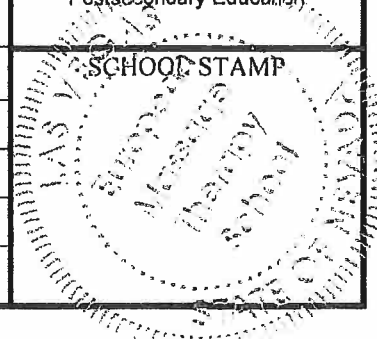
Agency Representative: Kim Buckingham Signature: [Signature] Date: 5/24/2021

**EUROPEAN MASSAGE THERAPY SCHOOL, Inc.**  
 9440 W SAHARA AVENUE, SUITE 250  
 LAS VEGAS, NV 89117

**OFFICIAL TRANSCRIPT**

Credential: Diploma  
 OFFICE OF THE REGISTRAR

NAME: Christhian Enriquez Sanchez SOCIAL SECURITY #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 DATES OF ATTENDANCE: 4-16-19 to 1-16-20 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	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	B	I	Incomplete	
MAS 106	Clinical Practice I*	28	P	W	Withdrawal	
MAS 115	BMT and Therapeutic Massage	24	B	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	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			
NEC 101	National Exam Preparation*	12	P			
Program Total		610	GPA: 3.73			
Final Written Test:	A	Final Practical Test:	A			

Date: 1/16/20



Director: [Signature]

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*

**Christhian Enriquez Sanchez**

*has successfully completed the Course of Study prescribed in  
**Massage Therapy (610 hours)***

*and is awarded this*

**Diploma**

# **LS702M+C169D1619**

*Given in Las Vegas, Nevada on this 16th day of January 2020*

Director



Manager

**NSBMT**

AUG 18 2020 S

**RECEIVED**



MBLEX Results: 8/11/2020

MBLEX Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
ENRIQUEZ SANCHEZ	CHRISTHIA N			8/7/2020 6:23:15 AM	Pass		Spanish	European Massage Therapy School LAS VEGAS NV

NSBMT

AUG 11 2020

RECEIVED



National Practitioner Data Bank  
 Health Resources and Services Administration  
 U.S. Department of Health and Human Services  
 P.O. Box 10832  
 Chantilly, VA 20153-0832  
<https://www.npdb.hrsa.gov>

**DCN:** 5500000180116796  
**Process Date:** 09/13/2021  
**Page:** 1 of 1  
 ENRIQUEZ SANCHEZ, CHRISTHIAN U  
 For authorized use by:  
 NEVADA STATE BOARD OF MASSAGE  
 THERAPY

**ENRIQUEZ SANCHEZ, CHRISTHIAN U - ONE-TIME QUERY RESPONSE**

**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** ENRIQUEZ SANCHEZ, CHRISTHIAN U  
**Date of Birth:** **Gender:** MALE  
**Home Address:**  
**Social Security Number:**  
**License:** MESSAGE THERAPIST, NO LICENSE  
**Professional School(s):** EUROPEAN MASSAGE THERAPY SCHOOL (2020)

**B. QUERY INFORMATION**

**Statutes Queried:** Title IV; Section 1921; Section 1128E  
**Query Type:** This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
**Entity Name:** NEVADA STATE BOARD OF MASSAGE THERAPY (DBID ending in ...94)  
**Authorized Submitter:** TEREZA VANHORN, EXECUTIVE ASSISTANT, (775) 687-9953

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/13/2021**

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

----- **No Reports Found Based on the Subject Information Submitted** -----





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

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

May 28, 2021

Christhian U. Enriquez-Sanchez

Re: DISPOSITION OF RECORD

Dear Mr. Enriquez-Sanchez,

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). **Online printouts cannot be accepted.**
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 attached highlighted arrest dates.
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 **11/30/2021**. 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@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov).

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 it may concern:

This all happened on April 3rd, 2014 with my then wife Erika Garcia.

The night before 4/4/14 Erika and I went to bar for some drinks with some friends of ours. One of the ladies that were part of the group said something that Erika took offense to it. She then started drinking heavily. Later in the evening Erika was clearly intoxicated and wanted to argue with the lady that made the comment. I ask Erika to come outside so we could leave. While outside Erika shifted her anger towards me and snatched my phone, while she snatched my phone she also scratched me and slap me before I could react.

I then grab her by the hands, grabbed my phone back and she tumbled on her back. I continued walking, got in my car and left.

A few hours later, while I was at my brother's house I received a phone call by a detective asking me to come down back to the bar where it all happened. I told him we would have to talk to my lawyer instead. He then said to meet him the following day at his Henderson office. The following day I showed up to his office without my lawyer and I was arrested immediately.

NSBMT

JUN 09 2021

RECEIVED

Erica Garcia (my then wife) never called the cops, she also never press any charges towards me. It was the people inside the bar who called the cops.

While in custody, the appraiser made it very clear that it wasn't my wife pressing charges but rather the city of Henderson. They deemed the situation a domestic dispute and therefore they wanted to make sure I wasn't threatening my wife. After almost a year and a half of my trial. The original charge was reduced to a misdemeanor "Battery". I paid all the court fees, I went to an anger management class also did community service. And on January 27, 2016 the case was closed.

Erica and I remained married for about a year after the case was closed, until we decided that this unfortunate event left us sad and the bond that we had was broken. We never had any kids of our own, we didn't have property together. So the split became comfortable.

We remain as friends as of today.

Chris





HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTHIAN URIEL  
14CR003832 DOB:

DR# 14-05221

ASSESSED PAID CREDIT BALANCE  
**CLOSED**  
\$0.00

Offense Date: 4/4/14

ATTY: TERRY, WILLIAM B

1 BATTERY (NOT WITH A DEADLY WEAPON) [50212]

NVHP5063562C-001  
ADJUDICATION STAYED

Date / Time / Dept	Event	Event Result	Event Notes
1/6/16 1:30 pm D1	INC	EVENT HELD	
1/5/16 3:00 pm D1	INC	COURT DATE ENTERED IN ERROR	
7/1/15 10:00 am D3	CTR	ADJUDICATION STAYED	
4/22/15 10:00 am D3	CTR	TRIAL CONT; DCA REQUEST	
2/4/15 10:00 am D3	CTR	EVENT VACATED	
2/2/15 10:00 am D3	CTR	TRIAL CONT; DEF ATTY REQUEST	
11/3/14 10:00 am D3	CTR	CONT: CONGESTED TRIAL CALENDAR	
9/3/14 10:00 am D3	CTR	TRIAL CONT; DEF ATTY REQUEST	
7/2/14 10:00 am D3	CTR	TRIAL CONT; DEF ATTY REQUEST	
4/28/14 9:00 am D3	ARR	NOT GUILTY PLEA / TRIAL SET	

4/4/14 CHARGE INITIATED AT THE HENDERSON DETENTION CENTER CRTVRAM

4/8/14 Time spent in custody: 12 HRS DLK  
Arrest Date/Time: 04/04/2014 15:22:00  
Release Date/Time: 04/05/2014 03:25:00

4/8/14 SURETY BOND POSTED BY: FREE BAIL BONDS TAV 40.00 40.00  
BOND AMOUNT: \$3140  
BOND NUMBER: 561579271-8  
VIA: JAIL BAIL #41888  
\$40 BOND FILING FEE PAID  
Charge #1: DOMESTIC BATTERY, 1ST Receipt: 562218 Date: 04/08/2014

4/8/14 COURT DATE SET: TAV  
Event: CRIMINAL ARRAIGNMENT  
Date: 04/28/2014 Time: 9:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3  
Result: NOT GUILTY PLEA / TRIAL SET

4/28/14 NOT GUILTY PLEA ENTERED, TRIAL SET - SPEEDY TRIAL WAIVED TAV  
BOND STANDS  
APPEARANCE REQUIRED  
Charge #1: DOMESTIC BATTERY, 1ST

4/28/14 PUBLIC DEFENDER APPOINTED TAV  
Charge #1: DOMESTIC BATTERY, 1ST

4/28/14 COURT APPOINTED ATTORNEY FEE TAV 500.00 500.00  
Charge #1: DOMESTIC BATTERY, 1ST

4/28/14 COUNTER: 8.47.45 TAV

I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

Date Printed: 6/7/21 9:47 am

Page 1 of 8

DATE: 06-07-21  
COURT CLERK: TJ





HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTIAN URIEL  
14CR003832 DOB:

DR# 14-05221

ASSESSED PAID CREDIT BALANCE

4/28/14 COURT DATE SET: TAV  
Event: TRIAL  
Date: 07/02/2014 Time: 10:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3

4/28/14 EVENT PARTICIPANTS: TAV  
Court Location: DEPARTMENT 3  
Check In:  
Judge: HAMPTON, DIANA D  
Location: DEPARTMENT 3  
Staff:  
LMC - CLERK: Present  
MATHER, ELAINE - DEPUTY CITY ATTORNEY: Present  
ML - CLERK: Present  
TAV - CLERK: Present  
Prosecutors:  
Parties:  
ENRIQUEZ, CHRISTIAN URIEL - DEFENDANT: Present  
HMC PUBLIC DEFENDER - Attorney for DEFENDANT: Present



4/28/14 NOTE: VICTIM SUBPONAED IN OPEN COURT BY JUDGE HAMPTON TAV

6/23/14 DOCUMENT FILED: SUBSTITUTION OF ATTORNEY FILED BY: JDB1  
WILLIAM B TERRY (Attorney) on behalf of CHRISTIAN URIEL ENRIQUEZ  
(DEFENDANT) REPLACING Attorney: HMC PUBLIC DEFENDER

6/26/14 WAIVED: ATTY FEES ML2

7/2/14 CONTINUED: STIPULATION FILED BY DEFENSE ATTY / GRANTED ML2  
BOND; STANDS  
VICTIM SUBPEONAED IN OPEN COURT

7/2/14 COUNTER; 10.29.09 ML2

7/2/14 COURT DATE SET: ML2  
Event: TRIAL  
Date: 09/03/2014 Time: 10:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3

I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TJV



HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTHIAN URIEL  
14CR003832 DOB:

DR# 14-06221

ASSESSED PAID CREDIT BALANCE

7/2/14 EVENT PARTICIPANTS: ML2

Court Location: DEPARTMENT 3

Check In:

Judge: HAMPTON, DIANA D

Location: DEPARTMENT 3

Staff:

MATHER, ELAINE - DEPUTY CITY ATTORNEY: Present

ML - CLERK: Present

SDS - CLERK: Present

Prosecutors:

Parties:

ENRIQUEZ, CHRISTHIAN URIEL - DEFENDANT: Not Present

TERRY, WILLIAM B - Attorney for DEFENDANT: Not Present



9/3/14 CONTINUED: STIPULATION FILED BY DEFENSE ATTY / GRANTED BOND: STANDS ML2

9/3/14 COUNTER: 10.38.56 ML2

9/3/14 COURT DATE SET: ML2  
Event: TRIAL  
Date: 11/03/2014 Time: 10:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3

9/3/14 EVENT PARTICIPANTS: ML2

Court Location: DEPARTMENT 3

Check In:

Judge: HAMPTON, DIANA D

Location: DEPARTMENT 3

Staff:

MATHER, ELAINE - DEPUTY CITY ATTORNEY: Present

ML - CLERK: Present

TAV - CLERK: Present

Prosecutors:

Parties:

ENRIQUEZ, CHRISTHIAN URIEL - DEFENDANT: Not Present

TERRY, WILLIAM B - Attorney for DEFENDANT: Not Present

11/3/14 TRIAL CONTINUED BY COURT - CONGESTED CALENDAR BOND: STANDS ML2

11/3/14 COUNTER: 10.51.20 / 12.00.43 ML2

11/3/14 COURT DATE SET: ML2  
Event: TRIAL  
Date: 02/04/2015 Time: 10:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3

I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TJJ





HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTHIAN URIEL  
14CR003832 DOB:

DR# 14-05221

ASSESSED PAID CREDIT BALANCE

11/3/14 EVENT PARTICIPANTS: ML2

Court Location: DEPARTMENT 3

Check In:

Judge: HAMPTON, DIANA D

Location: DEPARTMENT 3

Staff:

CMCB - CLERK: Present

GILLIAM, DANIEL R - DEPUTY CITY ATTORNEY: Present

ML - CLERK: Present

Prosecutors:

Parties:

ENRIQUEZ, CHRISTHIAN URIEL - DEFENDANT: Present

TERRY, WILLIAM B - Attorney for DEFENDANT: Present



1/26/15 MOTION TO CONTINUE TRIAL FILED: JDB1  
WILLIAM B TERRY (Attorney) on behalf of CHRISTHIAN URIEL ENRIQUEZ  
(DEFENDANT)

1/26/15 COURT DATE SET: ML2  
Event: TRIAL  
Date: 02/02/2015 Time: 10:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3  
Result: TRIAL CONT: DEF ATTY REQUEST

2/2/15 MOTION HEARING HELD. MOTION GRANTED. ML2

2/2/15 CONTINUANCE BY DEFENSE ML2  
BOND: STANDS

2/2/15 COUNTER: 10.54.15 ML2

2/2/15 COURT DATE SET: ML2  
Event: TRIAL  
Date: 04/22/2015 Time: 10:00 am  
Judge: HAMPTON, DIANA D Location: DEPARTMENT 3

2/2/15 EVENT PARTICIPANTS: ML2

Court Location: DEPARTMENT 3

Check In:

Judge: HAMPTON, DIANA D

Location: DEPARTMENT 3

Staff:

CDL - CLERK: Present

HUBERT, THOMAS M. - DEPUTY CITY ATTORNEY: Present

ML - CLERK: Present

PAPLOWSKI, MARK EDWARD - PRO TEM: Present

Prosecutors:

Parties:

ENRIQUEZ, CHRISTHIAN URIEL - DEFENDANT: Not Present

TERRY, WILLIAM B - Attorney for DEFENDANT: Not Present

I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE  
ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TW



HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTHIAN URIEL  
14CR003832 DOB:

DR# 14-05221

		ASSESSED	PAID	CREDIT	BALANCE
4/22/15	CONTINUED: STIPULATION FILED BY DCA / GRANTED BOND: STANDS				ML2
4/22/15	COUNTER: 11.26.07				ML2
4/22/15	COURT DATE SET: Event: TRIAL Date: 07/01/2015 Time: 10:00 am Judge: HAMPTON, DIANA D Location: DEPARTMENT 3				ML2
4/22/15	EVENT PARTICIPANTS:  Court Location: DEPARTMENT 3  Check in: Judge: HAMPTON, DIANA D Location: DEPARTMENT 3 Staff: CDL - CLERK: Present HUBERT, THOMAS M. - DEPUTY CITY ATTORNEY: Present ML - CLERK: Present Prosecutors: Parties: ENRIQUEZ, CHRISTHIAN URIEL - DEFENDANT: Not Present TERRY, WILLIAM B - Attorney for DEFENDANT: Not Present				ML2
7/1/15	PLEA: NOLO CONTENDERE PLEA ENTERED Charge #1: DOMESTIC BATTERY, 1ST				ML2
7/1/15	STIPULATE TO FACTUAL BASIS				ML2
7/1/15	ADJUDICATION STAYED. IF COMPLIANT WITH SENTENCING, CHARGE TO BE AMENDED TO SIMPLE BATTERY - 60 DAYS JAIL SUSPENDED - \$305 - ANGER CONTROL COUNSELING - 48 HOURS OF COMMUNITY SERVICE HOURS - NO FURTHER ARRESTS/CITATIONS (ANY CRIMINAL CHARGE) FOR DURATION TIME PAYMENTS ARE \$100/MONTHLY BEGINNING: 8/05/15 ADMONISHMENT/SIGNED/WAIVED COMPLETION/ EXPIRATION DATE: 12/30/15 Charge #1: DOMESTIC BATTERY, 1ST				ML2
7/1/15	FINE/FORFEITURE: \$200 + 105 ADMINISTRATIVE ASSESSMENT Charge #1: DOMESTIC BATTERY, 1ST Receipt: 639459 Date: 10/29/2015 Receipt: 646838 Date: 01/08/2016 Receipt: 646840 Date: 01/08/2016	BML6	305.00		305.00
7/1/15	TIME PAYMENT SETUP FEE: \$50 Charge #1: DOMESTIC BATTERY, 1ST Receipt: 639459 Date: 10/26/2015	JMS11	50.00		50.00



I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TNJ



HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTIAN URIEL  
14CR003832 DOB:

DR# 14-05221

		ASSESSED	PAID	CREDIT	BALANCE
7/1/15	SURETY BOND EXONERATED Charge #1: DOMESTIC BATTERY, 1ST				ML2
7/1/15	INDIRECT SUPERVISION ORDERED				ML2
7/1/15	COUNTER: 10,13,50				ML2
7/1/15	EVENT PARTICIPANTS:  Court Location: DEPARTMENT 3  Check In: Judge: HAMPTON, DIANA D Location: DEPARTMENT 3 Staff: CDL - CLERK: Present ML - CLERK: Present SCHIFALACQUA, MARC - DEPUTY CITY ATTORNEY: Present SCHULKE, KURT - PRO TEM: Present Prosecutors: Parties: ENRIQUEZ, CHRISTIAN URIEL - DEFENDANT: Present TERRY, WILLIAM B - Attorney for DEFENDANT: Present				ML2
9/8/15	FILE AUDIT - PAYMENT WAS DUE: 8/5/15 ENFORCEMENT FEE ASSESSED.  ENFORCEMENT NOTICE MAILED Sent on: 09/09/2015 15:58:40.86 Charge #1: DOMESTIC BATTERY, 1ST Receipt: 634263 Date: 09/17/2015		TAV	100.00	100.00
9/17/15	ENFORCEMENT FEE PAID. DEFENDANT PLACED ON TIME PAYMENTS OF \$100/MONTH BEGINNING: 10/29/15		TAV		
12/21/15	DEFENDANT NON-COMPLIANT WITH ENFORCEMENT TIME PAYMENTS. PAYMENT WAS DUE: 11/30/15 FAILURE TO PAY WARRANT ORDERED				MFJ2
12/22/15	FAILURE TO PAY WARRANT ISSUED #15M07799				JMS11
12/22/15	ACTIVE WARRANT NOTICE MAILED  ACTIVE WARRANT LETTER Sent on: 12/22/2015 09:53:43.14				JMS11
1/5/16	DEFENDANT SCHEDULED FOR WALK-IN PROGRAM ADVISED TO BRING PAYMENT				BNH



I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TW



HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTIAN URIEL  
14CR003832 DOB:

DR# 14-05221

	ASSESSED	PAID	CREDIT	BALANCE
1/5/16 COURT DATE SET: Event: INCUSTODY ARRAIGNMENT Date: 01/05/2016 Time: 3:00 pm Judge: STEVENS, MARK J Location: DEPARTMENT 1  Result: COURT DATE ENTERED IN ERROR				JCA
1/6/16 PETITION WITH ORDER DISCHARGING SUPERVISION SUBMITTED BY ALTERNATIVE SENTENCING				JB1
1/6/16 COURT DATE SET: Event: INCUSTODY ARRAIGNMENT Date: 01/06/2016 Time: 1:30 pm Judge: STEVENS, MARK J Location: DEPARTMENT 1  Result: EVENT HELD				JCA
1/8/16 WARRANT SERVED NOT BOOKED IN OPEN COURT BY JUDGE STEVENS REF: 16CR000245				JCA
1/8/16 DEFENDANT PRESENT OUT OF CUSTODY FOR WALK-IN PROGRAM				JCA
1/8/16 FINE DUE IN FULL: 1/8/16				JCA
1/8/16 COUNTER: 1.37.10 / 1.41.40				JCA
1/8/16 EVENT PARTICIPANTS:  Court Location: DEPARTMENT 1  Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: COOLEY, JEREMY - DEPUTY CITY ATTORNEY: Present JCA - CLERK: Present KJ - CLERK: Present Prosecutors: Parties: HMC PUBLIC DEFENDER - Event Attorney for DEFENDANT: Not Present ENRIQUEZ, CHRISTIAN URIEL - DEFENDANT: Present TERRY, WILLIAM B - Attorney for DEFENDANT: Not Present				JCA
1/13/16 FINE PAID IN FULL Charge #: DOMESTIC BATTERY, 1ST				AVS
1/27/16 SUPERVISION DISCHARGED: HONORABLE				CDL2



I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TR



HENDERSON MUNICIPAL COURT  
DOCKET SHEET

ENRIQUEZ, CHRISTHIAN URIEL  
14CR003832 DOB:

DR# 14-05221

		ASSESSED	PAID	CREDIT	BALANCE
1/27/16	CHARGE AMENDED FROM: DOMESTIC BATTERY, 1ST TO: BATTERY (NOT WITH A DEADLY WEAPON) Charge #1: DOMESTIC BATTERY, 1ST	COLZ			
1/27/16	CASE CLOSED				
		998.00	495.00	500.00	0.00

**NSEMT**  
 JUN 09 2021  
**RECEIVED**

I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT THE HENDERSON MUNICIPAL COURT.

DATE: 06-07-21  
COURT CLERK: TNU



**REPORT OF DISPOSITION  
FROM THE HENDERSON MUNICIPAL COURT**

14-05221

**DEF: ENRIQUEZ, CHRISTHIAN URIEL**

DOB:

SSN:

**PCN/NVHP5063563C-001**

Arrest Date: 4/4/14      DR #:14-05221      **CourtView Case #: 14CR003832**  
 Adjudicated Charge: BATTERY (NOT WITH A DEADLY WEAPON) NRS 200.481.2 (NOC: 50212)  
*Originally charged as: DOMESTIC BATTERY, 1ST NRS 200.485.1 (NOC: 50235)*

Disposition Date: 01/27/2016      Disposition: GUILTY PLEA WITH SENTENCE (BEFORE TRIAL)

**Sentencing:**

4/28/14	COURT APPOINTED ATTORNEY FEE Charge #1: DOMESTIC BATTERY, 1ST	500.00
7/1/15	PLEA: NOLO CONTENDERE PLEA ENTERED Charge #1: DOMESTIC BATTERY, 1ST	
7/1/15	ADJUDICATION STAYED. IF COMPLIANT WITH SENTENCING, CHARGE TO BE AMENDED TO SIMPLE BATTERY - 60 DAYS JAIL SUSPENDED - \$305 - ANGER CONTROL COUNSELING - 48 HOURS OF COMMUNITY SERVICE HOURS - NO FURTHER ARRESTS/CITATIONS (ANY CRIMINAL CHARGE) FOR DURATION TIME PAYMENTS ARE \$100/MONTHLY BEGINNING: 8/05/15 ADMONISHMENT/SIGNED/WAIVED COMPLETION/ EXPIRATION DATE: 12/30/15 Charge #1: DOMESTIC BATTERY, 1ST	
7/1/15	FINE/FORFEITURE: \$200 + 105 ADMINISTRATIVE ASSESSMENT Charge #1: DOMESTIC BATTERY, 1ST Receipt: 639459 Date: 10/26/2015 Receipt: 648838 Date: 01/06/2016 Receipt: 648840 Date: 01/06/2016	305.00
7/1/15	TIME PAYMENT SETUP FEE: \$50 Charge #1: DOMESTIC BATTERY, 1ST Receipt: 639459 Date: 10/26/2015	50.00
1/27/16	<b>CHARGE AMENDED</b> <b>FROM: DOMESTIC BATTERY, 1ST</b> <b>TO: BATTERY (NOT WITH A DEADLY WEAPON)</b> <b>Charge #1: DOMESTIC BATTERY, 1ST</b>	







**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

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

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

September 24, 2021

Christhian U. Enriquez-Sanchez

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. Enriquez-Sanchez:

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(s) on October 27, 2021. 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:

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

Register in advance for both meetings:

[https://us06web.zoom.us/meeting/register/tZUvd-GsrTltHNdpKoazc\\_fXcopS9\\_Becp0F](https://us06web.zoom.us/meeting/register/tZUvd-GsrTltHNdpKoazc_fXcopS9_Becp0F)

Meeting ID: 812 0843 9763

Password: 227133

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 6351 4479 58

COPY