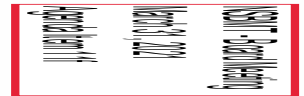


NEVADA STATE BOARD OF MASSAGE THERAPY



AGENDA ACTION SHEET

TITLE: Application Review (Criminal History)

MEETING DATE: March 31, 2021

APPLICANT: Isaiah A. Leverette
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Mr. Leverette's massage application is before you today due to potential criminal history that could not be approved administratively. Mr. Leverette was arrested for domestic battery on March 28, 2018 and placed in temporary custody for domestic battery on October 2, 2018 by Las Vegas Metropolitan Police Department. Mr. Leverette did not provide written narrative as requested by staff. Mr. Leverette 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 with probation for four years with restrictions.

ACTION:

- ☐ Approved
☐ Probation

- ☐ Denied – NRS 640C._____
☐ Tabled

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

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

Required for Respondent:

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

Board Meeting Application review:

Summary of Isaiah A. Leverette arrests/charges:

A subpoena was served to LVMPD for records pertaining to Isaiah A. Leverette. Documents were received.

Below items from subpoena from LVMPD:

Temporary custody record on 10/2/2018 for battery/domestic violence - No narrative from officer or LVMPD regarding reason for hold. Not arrested and not recorded on background report received by DPS. No written statement or disposition items as this date of records is not listed on background.

Warrant – 3/20/2018 - temporary custody records for Owner/proof of insurance required - No narrative from officer or LVMPD regarding reason for hold. Not arrested and not recorded on background report received by DPS. No written statement or disposition items as this date of records is not listed on background.

Arrest – Domestic Battery, (1st) – 3/28/2018 by LVMPD

On March 28th, 2018 at approximately 1230 hours, officers were working as a marked patrol unit. We were dispatched to a call-in regard to a domestic disturbance call. As we arrived in the area, we located a couple matching the description of the two individuals. We separated the two individuals and began our investigation.

The female was identified as Gomez. The male identified as Isaiah Leverette. Gomez states she and Isaiah have been in a dating relationship for two and a half years with a child in common.

Gomez stated she and Isaiah were arguing over money. Isaiah got upset and wanted to leave with their child. Gomez did not want Isaiah to take the child, so she pleaded with him as he was getting in his vehicle. Isaiah turned the situation violent when he opened his vehicle door striking Gomez with it. Gomez stepped away. Isaiah grabbed their child's stroller and threw it at her. They calmed things down and they walked away together about 20 yards. Gomez wanted to go back but Isaiah but did not. Gomez turned to walk away but Isaiah once again turned the situation violent. He grabbed Gomez by her arm and pulled her. Gomez lost her footing and fell to the ground.

Isaiah was read his Miranda rights. Isaiah corroborated Gomez story with the exception of the short walk. Isaiah stated he did not intend to strike Gomez with the vehicle door because she would not let him go. He also said he was upset, and he threw the stroller. He said he was upset the entire time and that was why he did it.

Based on Gomez and Isaiah's corroborating statements where Isaiah unlawfully used forces against a person of Gomez, a prudent person would believe the crime of battery occurred. Based on Gomez and Isaiah having a dating relationship with a child in common the battery constitutes as domestic violence.

On October 10, 2018 – Mr. Leverette plead nolo to charges of battery/domestic violence. He was sentenced to stay out of trouble for one year, fines of \$310.00 domestic violence course/classes, community service. Case was closed or completed on 3/24/2020.

Criminal Mischief – 3/08/2017 – Court document provided by Mr. Leverette. Encounter not recorded on background report received by DPS. No written statement or other disposition items as this date of records is not listed on background.

Mr. Leverette received two dispositions requests on two different occasions requesting information pertaining to his arrest background. Court documents received showing fines paid. No written statement from Mr. Leverette.

Prepared by Tereza Van Horn, Executive Assistant



NSBMT
OCT 27 2020
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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: nvmessagebd@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 |
| Leverette | | Isaiah | A |
| List all other names previously or currently being used by you: | | | |
| Residence address (do not list post office boxes or mail box 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: | |
| | | Seattle, Wa | |
| 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 type="checkbox"/> Mailing <input checked="" type="checkbox"/> Business <input checked="" 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.

* **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) |
|---------------------|----------------|--------------------|----------------------------|
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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 |
| | | | |
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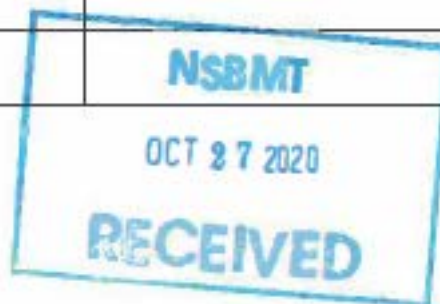
Section 5 National Exam Information

☒ 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 | 01/21/2020 | N/A |
| | | |
| | | |
| | | |



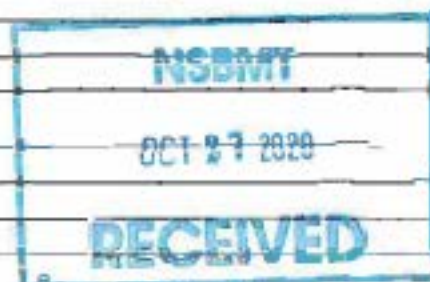
You must answer all of these questions by checking the appropriate "Yes" or "No" box.
If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

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: (*required)</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ e _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____ e _____ e e _____ e e _____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ e e _____</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) 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; (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>*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: _____

Date: 09/28/20

State of Nevada

County of CLARK

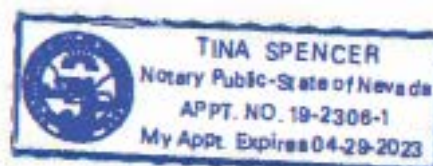
Signed and sworn to before me this 28th day of September, 2020

Isaiah Levelette, who personally appeared before me.

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

Fax (775) 786-4264

Email: 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

OCT 27 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: SCII, 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: Leverette, Isaiah Antonio Applicant's Signature: Isaiah

Date: 11/3/2020 (PLEASE PRINT LAST, FIRST, MIDDLE)

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham

Signature: Kim Buckingham

Date: 11/3/2020

Date: 10/16/2020

Northwest Career College

7388 Smoke Ranch Road
Las Vegas, NV 89128
www.northwestcareercollege.edu

NSBMT

OCT 27 2020

Page 1 of 1

Student: Isaiah A Lovegrove

Student ID: AN19291

DOB:

Original Start Date: 6/3/2019

Student GPA:

3.23

| Course Code | Course Description | Credits Attempted | Credits Earned | Grade | Quality Points | Course Code | Course Description | Credits Attempted | Credits Earned | Grade | Quality Points |
|-------------------------------------|---|-------------------|----------------|-------|----------------|----------------|--|-------------------|----------------|-------|----------------|
| Program: Diploma in Massage Therapy | | | | | | MTB204 | MTB204 - Special Needs | 2.00 | 2.00 | B | 6.00 |
| Enrollment #: 06733LE | | | | | | MOS101# | Microsoft Office Fundamentals | 4.00 | 4.00 | PASS | 16.00 |
| Start Date: 6/3/2019 | | | | | | MTB200 | MTB200 - Student Clinic | 0.83 | 0.83 | A | 3.32 |
| Grad Date: 9/24/2020 | | | | | | MTB205 | MTB205 - Shiatsu | 2.00 | 2.00 | B | 8.00 |
| Term: 4P190803 | | | | | | MTB206 | MTB206 - Medical Massage; Applications | 2.00 | 2.00 | C | 4.00 |
| 4P5 2019.08.03 | | | | | | | | 26.34 | 26.34 | | 83.88 |
| 6/3/2019 | | | | | | Term GPA: 3.18 | | Cum GPA: 3.23 | | | |
| 10/27/2019 | | | | | | | | | | | |
| MTB101 | MTB101 - Basic Massage | 2.00 | 2.00 | B | 6.00 | | | | | | |
| MTB102 | MTB102 - Basic Anatomy and Physiology | 3.20 | 3.20 | B | 9.60 | | | | | | |
| MTB103 | MTB103 - Basic Kinesiology | 1.00 | 1.00 | B | 3.00 | | | | | | |
| MTB101 | MTB101 - Basic Massage | 2.00 | 2.00 | A | 8.00 | | | | | | |
| MTB102 | MTB102.2 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 | A | 8.00 | | | | | | |
| MTB102 | MTB102 Basic Anatomy and Physiology | 3.10 | 3.10 | B | 9.30 | | | | | | |
| MTB103 | MTB103 - Basic Kinesiology | 1.00 | 1.00 | A | 4.00 | | | | | | |
| MTB101 | MTB101.2 Basic Massage | 2.00 | 0.00 | F | 0.00** | | | | | | |
| MTB112 | MTB112 - Comprehensive Anatomy and Physiology | 3.00 | 0.00 | F | 0.00** | | | | | | |
| MTB123 | MTB123 - Comprehensive Kinesiology | 3.00 | 0.00 | F | 0.00** | | | | | | |
| MTB101 | MTB101.2 Basic Massage | 2.00 | 2.00 | B | 6.00 | | | | | | |
| MTB112 | MTB112 - Comprehensive Anatomy and Physiology | 3.00 | 3.00 | B | 9.00 | | | | | | |
| MTB113 | MTB113 - Comprehensive Kinesiology | 3.00 | 3.00 | B | 9.00 | | | | | | |
| | | 34.50 | 26.50 | | 86.70 | | | | | | |
| Term GPA: 3.27 | | Cum GPA: 3.27 | | | | | | | | | |
| Term: 4P5190803 | | | | | | 4P5 2020.08.02 | | | | | |
| 4P5 2019.10.28 | | | | | | 3/2/2020 | | | | | |
| 10/28/2019 | | | | | | 8/2/2020 | | | | | |
| 3/29/2020 | | | | | | | | | | | |
| MTB114 | MTB114 - Spa Therapies | 2.00 | 2.00 | B | 6.00 | MTB200 | MTB200 - Student Clinic | 0.83 | 0.83 | A | 3.32 |
| MTB115 | MTB115 - Massage as a Business | 3.00 | 3.00 | A | 12.00 | MTB201 | MTB201 - Deep Tissue Upper Body | 2.00 | 2.00 | B | 8.00 |
| MTB200 | MTB200 - Student Clinic | 0.84 | 0.84 | B | 2.52 | MTB202 | MTB202 - Deep Tissue Lower Body | 2.00 | 2.00 | B | 8.00 |
| MTB116 | MTB116 - Medical Massage: Pathology | 3.00 | 3.00 | C | 6.00 | | | 4.83 | 4.83 | | 15.32 |
| MTB117 | MTB117 - National Board Review | 3.00 | 3.00 | B | 9.00 | Term GPA: 3.17 | | Cum GPA: 3.22 | | | |
| MTB200 | MTB200 - Student Clinic | 0.84 | 0.84 | A | 3.38 | | | | | | |
| MTB200 | MTB200 - Student Clinic | 0.83 | 0.83 | C | 1.66 | | | | | | |
| MTB203 | MTB203 - Sports Massage | 2.00 | 2.00 | A | 8.00 | | | | | | |
| | | | | | | | | | | | |
| Term: 4W200801 | | | | | | 4W 2020.08.31 | | | | | |
| 4W 2020.08.03 | | | | | | 8/3/2020 | | | | | |
| 8/3/2020 | | | | | | 8/30/2020 | | | | | |
| 9/27/2020 | | | | | | | | | | | |
| MTB200 | MTB200 - Student Clinic | 0.83 | 0.00 | F | 0.00** | | | | | | |
| | | 0.83 | 0.00 | | 0.00 | | | | | | |
| Term GPA: 0.00 | | Cum GPA: 3.18 | | | | | | | | | |
| Term: 4W200801 | | | | | | 4W 2020.08.31 | | | | | |
| 4W 2020.08.31 | | | | | | 8/31/2020 | | | | | |
| 8/31/2020 | | | | | | 9/27/2020 | | | | | |
| MTB200 | MTB200 - Student Clinic | 0.83 | 0.83 | A | 3.32 | | | | | | |
| | | 0.83 | 0.83 | | 3.32 | | | | | | |
| Term GPA: 4.00 | | Cum GPA: 3.23 | | | | | | | | | |
| Diploma in Massage Therapy | | | | | | GPA: 3.23 | | 67.33 | | 58.50 | |
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northwest

CAREER COLLEGE

THIS CERTIFIES THAT

Isaiah Leverette

Has successfully completed the 800Hour Massage Therapy program, and is therefore
awarded this

DIPLOMA

Given this 24th day of September, 2020



Century Care
School Administrator



John Kenny
Director, Dr. John Kenny



MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEx scores received on: 01-22-2020

| <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> |
|------------------|-------------------|----------------------|------------|------------------|----------------|------------------|-----------------|--------------------------|
| Leverette | Isaiah | | | 12-17-2019 | 1 | Fail | English | Northwest Career College |
| | | | | 01-21-2020 | 2 | Pass | English | Northwest Career College |





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

November 5, 2020

Isaiah A. Leverette

Re: DISPOSITION OF RECORD

Dear Mr. Leverette,

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 **04/30/2021**. 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.

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@lmt.nv.gov

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

February 19, 2021

Isaiah A. Leverette

Re: DISPOSITION OF RECORD

Dear Mr. Leverette,

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 **04/30/2021**. 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.

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

Reno Phone (775) 687-9955e

Fax (775) 786-4264e

Email: nvmassagebd@lmt.nv.gov

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

March 1, 2021

Isaiah A. Leverette

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. Leverette:

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 31, 2021. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/j/95421402454?pwd=VlorZlZlaEhaWStWcysOUkEzZGRMUT09>

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

Meeting ID 954 2140 2454

Password 855165


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 6265 6252 37

 ORIGINAL



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.

LEVERETTE, ISIAH

Defendant

Violation Code: **5018**
 Violation Description: **BATTERY/DOMESTIC VIOLENCE**
 Violation Date: **3/28/2018**
 Case No.: **C1190190A**
 History No.: **100387074**
 Amended Code:
 Amended Description:
JUDGMENT

Complaint: **5/9/2018**Disposition: **GUILTY**

Finding:

Disposition Date: **3/24/2020**

| Date | Proceedings | Purpose | Court Date/Time | Dept |
|------------|---|---------|-------------------|------|
| 3/28/2018 | Arrest/Case Created | | | |
| 3/28/2018 | Allocated to Department: 5 | | | |
| 3/28/2018 | Bail Due: \$3115 | | | |
| 3/28/2018 | Initial Court Date | PC | 3/29/18 12:00 pm | 5 |
| 3/28/2018 | Bail Review Complete | | | |
| 3/29/2018 | Probable Cause Found | | | |
| 3/29/2018 | Release reason: PRA OR | | | |
| 3/29/2018 | Continued | AR | 6/5/18 1:00 pm | 5 |
| 5/9/2018 | Complaint Filed 5/9/2018 4:05 PM | | | |
| 6/5/2018 | BW Ordered | | | |
| 6/5/2018 | WPF Due \$85 | | | |
| 6/5/2018 | Bail Due: \$5140 | | | |
| 6/5/2018 | BW Issued | | | |
| 6/5/2018 | Tape Start 1: 6/5/2018 1:24 PM | | | |
| 10/2/2018 | Booked on: BENCH WARRANT | | | |
| 10/2/2018 | BW Cancelled: Arrested | | | |
| 10/2/2018 | Continued | AR | 10/3/18 8:30 am | 5 |
| 10/3/2018 | WARRANT PROCESSING FEE Services Rendered Amount waived: \$85.00 (IR18-033979) | | | |
| 10/3/2018 | Public Attorney ADRAS, PAUL Bar# 8350 | | | |
| 10/3/2018 | Plea: NOT GUILTY | | | |
| 10/3/2018 | Transport | | | |
| 10/3/2018 | Continued | PT | 10/10/18 10:05 am | 5 |
| 10/3/2018 | Tape Start 1: 10/3/2018 8:43 AM | | | |
| 10/10/2018 | Withdraw Plea of: NOT GUILTY | | | |
| 10/10/2018 | Plea: NOLO | | | |
| 10/10/2018 | Finding: GUILTY | | | |
| 10/10/2018 | Suspend Sentence for 1y | | | |
| 10/10/2018 | Sentence: Stay Out of Trouble-BROAD due 1 | | | |
| 10/10/2018 | Sentence: Suspend JAIL 179 days | | | |
| 10/10/2018 | Sentence: DV Level I due 1 | | | |





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.

LEVERETTE, ISIAHA

Defendant

Violation Code: **5018**
Violation Description: **BATTERY/DOMESTIC VIOLENCE**
Violation Date: **3/28/2018**
Case No.: **C1190190A**
History No.: **100387074**
Amended Code:
Amended Description:

JUDGMENTComplaint: **5/9/2018**Disposition: **GUILTY**

Finding:

Disposition Date: **3/24/2020**

| Date | Proceedings | Purpose | Court Date/Time | Dept |
|------------|--|---------|-----------------|------|
| 10/10/2018 | Sentence: Fine due \$310 | | | |
| 10/10/2018 | Sentence: Domestic Violence Assessment due \$35 | | | |
| 10/10/2018 | Sentence: Specialty Court Program Assess due \$7 | | | |
| 10/10/2018 | Sentence: Construction Assessment due \$10 | | | |
| 10/10/2018 | Sentence: Administrative Assessment due \$95 | | | |
| 10/10/2018 | Sentence: Genetic Marker Testing AA due \$3 | | | |
| 10/10/2018 | Sentence: Community Service due 48 | | | |
| 10/10/2018 | Firearm Prohibition Order Submitted by Judge | | | |
| 10/10/2018 | Sentence: Community Service vacated 48 | | | |
| 10/10/2018 | Reason vacated: 2 DAYS EXTRA JAIL | | | |
| 10/10/2018 | Release reason: OR | | | |
| 10/10/2018 | Transport Removed | | | |
| 10/10/2018 | Continued | SC | 2/12/19 9:00 am | 5 |
| 10/10/2018 | Released | | | |
| 2/12/2019 | BW Ordered | | | |
| 2/12/2019 | CF Due: \$50 | | | |
| 2/12/2019 | WPF Due \$100 | | | |
| 2/12/2019 | Bail Due: \$1490 | | | |
| 2/12/2019 | Bond Due: \$1490 | | | |
| 2/12/2019 | BW Issued | | | |
| 2/12/2019 | Tape Start 1: 2/12/2019 10:33 AM | | | |
| 2/14/2019 | BW Cancelled: Bail Reduction- | | | |
| 2/14/2019 | Bail Reduced from \$1490 to \$100 | | | |
| 2/14/2019 | Payment Hierarchy Overridden | | | |
| 2/14/2019 | Paid \$100 (19-JEU 6-000463) | | | |
| 2/14/2019 | Bail Paid \$100 | | | |
| 2/14/2019 | Case Edit: Bail Changed To: \$1490 | | | |
| 2/14/2019 | Case Edit: Bond Changed To: \$1490 | | | |
| 2/14/2019 | Continued | SC | 2/28/19 9:35 am | 5 |
| 2/28/2019 | Continued | SC | 5/8/19 9:00 am | 5 |





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.

LEVERETTE, ISALAH

Defendant

Violation Code: **5018**
Violation Description: **BATTERY/DOMESTIC VIOLENCE**
Violation Date: **3/28/2018**
Case No.: **C1190190A**
History No.: **100387074**
Amended Code:
Amended Description:

JUDGMENTComplaint: **5/9/2018**Disposition: **GUILTY**

Finding:

Disposition Date: **3/24/2020**

| Date | Proceedings | Purpose | Court Date/Time | Dept |
|-----------|--|---------|------------------|------|
| 2/28/2019 | WARRANT PROCESSING FEE Services Rendered Amount waived: \$100.00 (IR19-004951) | | | |
| 2/28/2019 | Sentence: Collection Fee vacated \$50 | | | |
| 2/28/2019 | Reason vacated: VACATE | | | |
| 2/28/2019 | Bail Applied: \$100 (IR19-004952) | | | |
| 2/28/2019 | DV1 Services Rendered Amount waived: \$120.00 (IR19-004953) | | | |
| 2/28/2019 | Sentence: DV Level I vacated 1 | | | |
| 2/28/2019 | Reason vacated: VACATE | | | |
| 2/28/2019 | ASED Case CLOSED on 2/28/2019 9:47 AM | | | |
| 2/28/2019 | Correction Sentence: Outside DV Level I Program due 2 | | | |
| 2/28/2019 | Tape Start I: 2/28/2019 9:34 AM | | | |
| 3/19/2019 | ASED Case OPEN on 3/19/2019 9:20 AM | | | |
| 5/8/2019 | BW Ordered | | | |
| 5/8/2019 | WPF Due \$150 | | | |
| 5/8/2019 | Bail Due: \$5140 | | | |
| 5/8/2019 | BW Issued | | | |
| 5/8/2019 | Tape Start I: 5/8/2019 10:08 AM | | | |
| 5/15/2019 | Motion to Quash or Cancel Warrant Submitted by Attorney ADRAS, PAUL Bar# 8350 | | | |
| 5/15/2019 | Multiple Calendared Event Set | M | 5/21/19 9:30 am | 5 |
| 5/21/2019 | Motion: Quash or Cancel Warrant Granted | | | |
| 5/21/2019 | BW Cancelled: Quashed (Judge) | | | |
| 5/21/2019 | WPF\$150 Removed | | | |
| 5/21/2019 | Continued | SC | 11/26/19 9:00 am | 5 |
| 5/21/2019 | Correction: Suspend Sentence for 6M | | | |
| 5/21/2019 | Tape Start I: 5/21/2019 10:06 AM | | | |
| 6/11/2019 | Paid \$460 (19-PH 2-000475) | | | |
| 6/11/2019 | Administrative Assessment Paid \$95 | | | |
| 6/10/2019 | Construction Assessment Paid \$10 | | | |
| 6/11/2019 | Specialty Court Program Assess Paid \$7 | | | |
| 6/11/2019 | Genetic Marker Testing A.A Paid \$3 | | | |





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.

LEVERETTE, ISIAHA

Defendant

Violation Code: **5018**
Violation Description: **BATTERY/DOMESTIC VIOLENCE**
Violation Date: **3/28/2018**
Case No.: **C1190190A**
History No.: **100387074**
Amended Code:
Amended Description:

JUDGMENTComplaint: **5/9/2018**Disposition: **GUILTY**

Finding:

Disposition Date: **3/24/2020**

| Date | Proceedings | Purpose | Court Date/Time | Dept |
|------------|---|---------|-----------------|------|
| 6/11/2019 | Domestic Violence Assessment Paid \$35 | | | |
| 6/11/2019 | Fine Paid \$310 | | | |
| 6/12/2019 | Sentence: Outside DV Level I Program vacated 26 | | | |
| 6/12/2019 | Reason vacated: vacate | | | |
| 6/12/2019 | ASED Case CLOSED on 6/12/2019 3:36 PM | | | |
| 6/18/2019 | Correction Sentence: Community Service vacated 47 | | | |
| 6/18/2019 | Correction Sentence: Community Service due 48 | | | |
| 6/18/2019 | Correction Sentence: DV Level I due 2 | | | |
| 6/18/2019 | ASED Case OPEN on 6/18/2019 1:46 PM | | | |
| 11/26/2019 | Correction: Suspend Sentence for 90d | | | |
| 11/26/2019 | Continued | SC | 2/26/20 9:00 am | 5 |
| 11/26/2019 | Tape Start 1: 11/26/2019 9:23 AM | | | |
| 12/23/2019 | Paid \$860 (19-MAIL 29-001922) | | | |
| 12/23/2019 | CNSL NO SHOW - DV1 CLASS Paid \$200 | | | |
| 12/23/2019 | DV1 FEE Paid \$660 | | | |
| 2/25/2020 | Paid \$100 (20-PH 22-000267) | | | |
| 2/25/2020 | CNSL NO SHOW - DV1 CLASS Paid \$100 | | | |
| 2/26/2020 | Correction: Suspend Sentence for 30d | | | |
| 2/26/2020 | Continued | SC | 3/26/20 9:00 am | 5 |
| 2/26/2020 | Tape Start 1: 2/26/2020 9:25 AM | | | |
| 3/23/2020 | Continued | SC | 5/28/20 9:00 am | 5 |
| 3/23/2020 | Continuance-Reset | | | |
| 3/24/2020 | Sentence: Stay Out of Trouble-BROAD completed 1 | | | |
| 3/24/2020 | Case Closed | | | |



I HEREBY CERTIFY that this is a full,
true and correct copy of the final
court disposition made and entered
on the above entitled action.

2/28/21
MUNICIPAL COURT CLERK