

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: January 12, 2022

APPLICANT: Shu Chiao Tseng  
REVIEW UNDER: NRS 640C.700



**ACTION:**

- Approved
- Denied – NRS 640C.700(1)(2)(4) and/or (9)
- Probation – NRS 640C.700(1)(2)(4) and/or (9)
- 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 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



# Nevada State Board of Massage Therapy

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

Application: License Application  
Application Number: OL210414095516

Fee: \$30.00

## APPLICATION INSTRUCTIONS

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

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

## Section I : Personal Information

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

Application Type :  Message Therapist  Structural Integration  Reflexology

### Applicant Name

Last Name : TSENG  
First Name : SHU CHIAO  
Middle Name :



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

No record found.

### Mailing address :

Street : 6040 PRIMROSE AVE  
City : TEMPLE CITY State : CA Zip : 91780

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

Street : 6040 PRIMROSE AVE  
City : TEMPLE CITY State : CA Zip : 91780

Social Security Number :

Date of Birth :

Place of Birth : Taiwan

Gender :  Male  Female

Home/Cell Phone : (408) 840-6999

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

Home  Mailing  Business

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

notifications)

Yes  No

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

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

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

### Section 3 : Previous Licensure Information

#### Previous Licensure :

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

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

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

### Section 4 : Training and Education

#### Training :

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

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Fuzuba School	Las Vegas	2021 - 2021	550

#### Transcript(s)

Document Name	User Defined Document Name	Document Link
210414095516-165073-Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document Detail</a>

### Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
Itec	las vegas, nv	04/30/2021

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
210414095516-164259-ScoreReportCard.pdf	ITEC	Pass

## Section 6 : Application Screening Questions

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

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

Yes  No

If yes, add the disciplinary actions below.

No record found.

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

Yes  No

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

Yes  No

If Yes, please explain in below textbox :

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

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

Yes  No

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

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

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

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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

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

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

**Last Name :** TSENG

**First Name :** SHU CHIAO

**Middle Name :**

**Street :** 6040 Primrose Ave

**City :** Temple City

**State :** CA

**Zip :** 91780

**Date :** 5/21/2021

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

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

#### VETERAN

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

Have you ever served in the military:  Yes  No

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

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

Military Occupation Speciality/Specialities:

Date(s) of Service: From To

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

#### Affidavit of Applicant / Authorization of Release

I, **SHU CHIAO TSENG** certify that I am the person described and identified in this application; I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate. I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all Institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : SHU CHIAO TSENG

Date : 5/27/2021

**Upload**

Have you uploaded a current passport quality photo?  
 Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

Yes  No

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

Yes  No

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

Yes  No

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

Document Type	Document Name	User	Defined Document Name
Transcript	210414095516-165073-Transcript.pdf	FUZUBA	TRANSCP
Certificate of Completion	210414095516-165072-Certificate-of-Completion.pdf	FUZUBA	DIPL
Photo	210414095516-Photo Tseng Shu Chiao.jpg		
Score Report Card	210414095516-164259-ScoreReportCard.pdf	ITEC	
Social Security Card	OL210414094915-159721-Social-Security-Card.png		
Government Issued ID Card	OL210414094915-159720-Government-Issued-ID-Card.jpg		

**Application Fees**

**All fees are non-refundable.**

**Fee Detail(s)**

**Payment Detail(s)**

Payment Method:  
 Amount Paid:



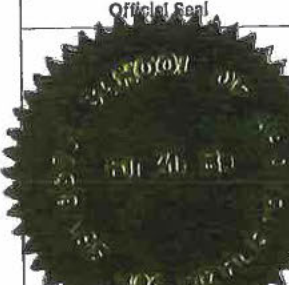

**Transcript**  
 3884 Schliff Dr.  
 Las Vegas, NV 89103

Student: Shu Chiao Tseng SSN: Gender: Female Birth Date: Start Date: 01/25/2021 Graduation Date: 05/10/2021	Grade: 2.93 Total Earned Hours: 550
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Course	Marks	Grade	Credits	Earned
<b>Message 01/2021 Class</b> <span style="float: right;">NV Massage Training Program 560-Hr</span> <span style="float: right;"><b>GPA: 2.93</b></span>				
0121 Unit A: Anatomy, Physiology, & Kinesiology	80	B-	125	125
0121 Unit B: Theory and Practice of Massage	85	B	220	220
0121 Unit C: Other Modalities of Massage Therapy	83	B	125	125
0121 Unit D: Pathology for Massage Therapists	85	B	40	40
0121 Unit E: Standards of Professional Practice	83	B	40	40
<b>Total Credits</b>				<b>550</b>

Grading Scale				
97 - 100 = A+	93 - 86 = A	90 - 92 = A-	87 - 89 = B+	83 - 86 = B
80 - 82 = B-	77 - 79 = C+	73 - 76 = C	70 - 72 = C-	0 - 69 = F



	<b>Notes</b> -Grade points are for comparison purposes only -ITEC scores are reported separately	<b>Signature of the Registrar</b>  Not official without school seal
	IN ACCORDANCE WITH THE FAMILY EDUCATIONAL ACT OF 1974, THIS RECORD CANNOT BE RELEASED TO A THIRD PARTY WITHOUT THE CONSENT OF THE STUDENT	

NSAMT

MAY 24 2021

RECEIVED

**FUZUBA**  
SCHOOL OF  
Massage & Reflexology



## Certificate of Graduation

I certify that Ms. Shu Chiao Tseng, having successfully completed the 550 hour Professional Practice of Therapeutic Massage training program, is hereby awarded the Certificate of Graduation this tenth day of May, 2021 with all the rights and responsibilities thereto pertaining.



*Nathan O'Hara*

Nathan O'Hara, Ph.D.  
Director



138763/2132/139868/141020 Shu Chiao Tseng - E138763 Level 3 Diploma in Holistic Massage (603/4097/6) - 2132 Pass Simplified Chinese 13/05/2021

**NSBMT**  
MA' 1 4 2021  
**RECEIVED**



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

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

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

June 17, 2021

Shu Chiao Tseng  
6040 Primrose Ave.  
Temple City, CA 91780

Re: DISPOSITION OF RECORD

Dear Ms. Tseng,

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.**

Statement by Shu Chiao Tseng

Regarding the incident in 2009, it happened on or around 12/16/2009. I was working at a massage business in Texas. A male customer walked in and ordered a one-hour massage. I performed massage for almost an hour. Before completing the treatment, two police officers came in and arrested me. I was not sure what I had done wrong. I hired an attorney to explain to me what happened. After all the clarification, the attorney told me that the prosecutor agreed to drop the charge.

The second incident occurred on 4/14/2021. I greeted a customer on that day and started a massage treatment on him. A little over half way toward the end, the customer started to talk to me and asked if I can speak English. I told him that my English was very limited and I rather focus on my massage routine. Later I heard that the customer asked something like extra time. I was happy to say yes. When he asked for how much, I replied with an hourly rate. At the same time, I heard someone knocking on the door. I went out and opened the front door. Five or six uniformed police officers entered the door and arrested me. Later, my attorney told me that the police had a voice recording with my conversations with the customer right before the officers arrested me. When I replied yes and the price for extra hours, the actual question was asking for sexually related services. It was totally to my surprise that the customer asked such questions. It was not what I heard or understood. After explaining to the prosecutor, I was told that I could only choose to plead guilty or pursuit a jury-trial. The attorney cost for a jury-trial was out of my reach. So my only choice was to accept a guilty plea. Even though the final fine was fairly small and I did not have to do any extra jail time, the negative outcome really hit hard psychologically. I felt that I was a subpar human being for quite a while. I later went to a counseling to get some help. After about a year, I was able to walk out of that ditch. During the counseling, I was suggested a few ways to improve my confidence and life quality. I later took many classes to improve my English language and other classes for personal development.

In the last ten years, I spent most of time in Northern California. I worked as a housekeeper to support my living. As the living costs went over the limit for me in CA, I looked into other options. Later, I decided to move to Las Vegas. Shortly after that, we were hit by the COVID. I was out of job for quite a while. During this time, I decided to participate professional massage training. I like to make a living with a skilled job. The more I learn the professional side of the massage, the more I emerge myself into this practice. I hope that the Board can provide me this opportunity to enable me to starts a new profession that I truly enjoy.

Thank you.

Shu Chiao Tseng





**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@lmt.nv.gov](mailto:nvmessagebd@lmt.nv.gov)

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

December 7, 2021

Shu Chiao Tseng  
6040 Primrose Ave.  
Temple City, CA 91780

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. Tseng:

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 January 12, 2022. 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/j/86981107368?pwd=cVhxOFhuVGRNOTV3cHvTnRPOUZKdz08>

Meeting ID: 869 8110 7368

Password: 627930


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 4476 51

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