

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: January 12, 2022

APPLICANT: Mei Ye

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

Approved

Probation – NRS 640C.700(1)(2)(6) and/or (9)

Denied – NRS 640C.700(1)(2)(6) 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

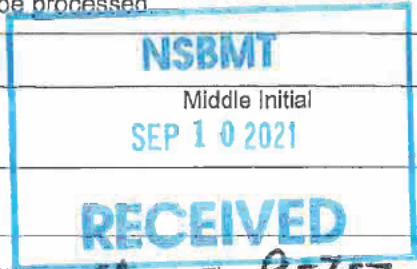
1755 E. Plumb Lane Suite 252  
Reno, NV 89502  
Phone (775) 687-9955  
Fax (775) 786-4264

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

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 YE First MEI Middle Initial

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

NONE

Residence address (do not list post office boxes or mailbox drop addresses):  
Street: 9772 Cayico Way City: ELK GROVE State: CA Zip: 95737

Previous address (if less than 1 year):  
Street: NONE City: State: Zip:

Mailing address (if different than the residence address):  
Street or PO Box: City: State: Zip:

Social Security Number: Date of Birth: Place of Birth: China

Home Phone: 916-753-7986 Cell Phone: 916-753-7986 Business Phone: Gender: Male  Female

Business Name:

Business Address: Street: City: State: Zip:

Email Address: hehe one @ outlook.com

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

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications) Yes  No

Section 2 Child Support Information

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

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

Paid \$ QB For Office Use Only: Date Sent Tracking

### Section 3 Licensure Information

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology and Structural Integrationist. Please attach another sheet of paper if you need more room.

\* A Certified Statement from State Licensing Authority must be completed for each state where you have held a license.

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

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)
State of Nebraska	# 3629	12-28-2017	11-01-2021

### Section 4 Massage Training and Education

Request official transcripts from the registrar of your school(s) and have them mailed directly to the Nevada State Board of Massage Therapy.

A certificate of completion (diploma) will need to be submitted for each massage, reflexology or structural integration program you completed.

Name of School	City and State	Years From and To (YYYY-YYYY)	Hours Completed
EASTERN MASSAGE INSTITUTE	Jersey, NJ	2017-2017	600 hours

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 SEP 10 2021  
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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.

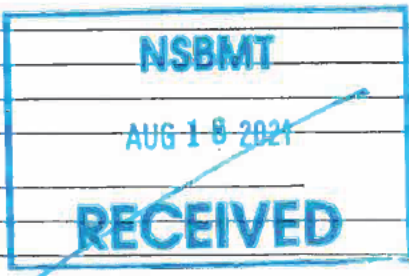
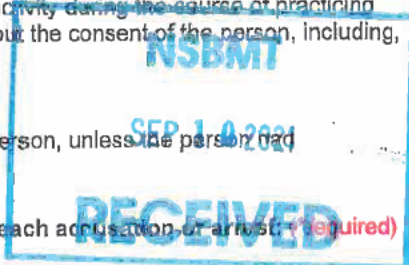
The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY)
Pasadena city, CA	09-27-2016	

**NSBMT**  
 AUG 18 2021  
**RECEIVED**

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

Section 6 Application Screening Questions (use additional sheets of paper if needed)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration? If yes, please provide the following information for each occurrence: <b>(*required)</b>  *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ _____ *Reason for action: _____  *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ _____ *Reason for action: _____
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary) _____ _____
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license: (a) Made sexual advances toward the person; (b) Requested sexual favors from the person; or (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;  If yes, fill in the following with complete and accurate information for each accusation or arrest: <b>(*required)</b>  *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____  *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____



If you have answered "Yes" to any of the questions above, you **MUST** include:

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) for each accusation or arrest.
2. Receipts for all fines or penalties showing that they have been paid for each accusation or arrest. You need to contact the court or the licensing agency.
3. Dispositions from the court(s) you appeared before regarding the arrest dates.

## Affidavit of Applicant / Authorization of Release

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

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

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

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

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

Signature of Applicant: Mei Ye Date: 08-18-2021

State of Nevada County of Washoe

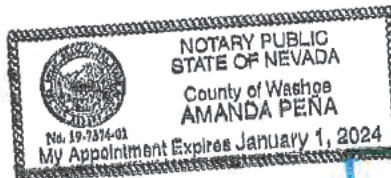
Signed and sworn to before me this 18 day of August 2021

Mei Ye, who personally appeared before me.

Amanda Pena  
Notary Public Signature

01/01/2024  
Notary commission expiration date

(Official Stamp)





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

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

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

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

Structural Integration Practitioner     Massage Therapist     Reflexologist

**Nevada Veteran Data**

Have you ever served in the military:  Yes     No

If Yes, check all that apply:

Branch(es) of Service:

<input type="checkbox"/> Army/Army Reserve	<input type="checkbox"/> Marine Corps/Marine Corps Reserve
<input type="checkbox"/> Navy/Navy Reserve	<input type="checkbox"/> Air Force/Air Force Reserve
<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard/Coast Guard Reserve

Military Occupation Specialty/Specialties: \_\_\_\_\_

Date(s) of Service: From \_\_\_\_\_(DD/MM/YYYY) To \_\_\_\_\_(DD/MM/YYYY)

If you are a veteran and have been licensed by another jurisdiction you may qualify for license by endorsement. Please read NRS 640C.426.





FINGERPRINT BACKGROUND WAIVER

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

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

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

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

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

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

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

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

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

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

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

Applicant's Name: MZI YZ Applicant's Signature: Meike

(PLEASE PRINT LAST, FIRST, MIDDLE)

Date: 08-18-2021

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham Signature: Kimly Buck Date: 11/8/21

# Eastern Massage Institute

217 Clarksville Road  
West Windsor, NJ 08550

35 Journal Square Suite 912  
Jersey City, NJ 07306

## TRANSCRIPT

Student's Name: Mei Ye Starting Date: 2017/7/17  
Date of Birth: \_\_\_\_\_ Completion Date: 2017/11/3  
SS No: \_\_\_\_\_

Program: **600 Hour Massage Therapy and Practice**

COURSE DESCRIPTION	Hours	Grade
Anatomy	45 Hrs	C
Chair and Site Massage Techniques	20 Hrs	B
Clinic Practice	130 Hrs	B
Kinesiology	45 Hrs	B+
Laws	10 Hrs	B
Massage Business Management	25 Hrs	A
Pathology	45 Hrs	B
Physiology	45 Hrs	A-
Professionalism and Ethics	15 Hrs	B-
Reflexology	20 Hrs	C
Safety and Hygiene	10 Hrs	B-
Sports Massage Techniques	20 Hrs	B
Therapeutic Massage	120 Hrs	B
Massage Theory & Practices	50 Hrs	B
<b>TOTAL HOURS COMPLETED</b>	<b>600 Hrs</b>	



  
Director's Signature

07/28/2021  
Date




**Certificate**  
**of**  
**EASTERN MASSAGE INSTITUTE**

**Mei Ye**

*Has successfully completed a 600 hours course of  
**Massage Therapy & Practice**  
approved by the State of New Jersey as per the rules of the  
New Jersey Administrative Codes (NJAC 6A:19-7.1 et seq. and NJAC 12:41-1.1 et seq.)  
for the registration and regulation of private vocational schools*

*In witness whereof, this officer has affixed his seal*

  
President of  
Eastern Massage Institute

2017

No: E176612

NSBMT

AUG 02 2021

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# Massage Therapy

NV Required	Applicant
A&P W/ Kinesiology	125
Classroom W/ Clinic	220
Pathology	40
Business	20
Ethics	20
Hands on	125
Total	550

Notes:

School cannot be located via google or online searches.

School/educational approval cannot be located.

Applicant licensed in TX - Did not disclose.

*Transcripts meet requirements; however, school is not verifiable  
~~as stated in application~~ on an approved program.*

*Review prior Application  
 first*

Date Reviewed:

ED Signature:



**FSMTB**

FEDERATION OF STATE  
MESSAGE THERAPY BOARDS

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 Attempts(s)</u>	<u>Language</u>	<u>School</u>
YE	MEI			9/27/2016	Pass	08/29/2015 Fail 08/09/2016 Fail	English	Advanced Pro Nursing Institute HAYWARD CA



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**License Number: MT126898**      **Current Date: 12/20/2021 12:58 PM**

**Name:** YE, MEI  
**License Type:** Licensed Massage Therapist  
**License Status:** Expired  
**Expiry Date:** 05/31/2020  
**Effective Rank Date:** 01/06/2017

---

**Addresses**

**Main Address**

Address

SACRAMENTO , CA  
OUT OF STATE/UNKNOWN  
95823

**Mailing Address**

Address

HACIENDA HEIGHTS , CA  
OUT OF STATE/UNKNOWN  
91745  
US

## Tereza Van Horn

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**From:** The Safety Regulators <Safety.Regulators@tdlr.texas.gov>  
**Sent:** Tuesday, November 30, 2021 6:58 AM  
**To:** Tereza Van Horn; The Safety Regulators  
**Subject:** RE: [ External Email ] Mei Ye

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Tereza,

Thank you for contacting TDLR. Based off the information provided per the license number, date of birth and last 4 of the social does match for Mei Ye in our system.

Thank you,

Tracie Morgan  
Licensing & Permit Specialist, Licensing Division  
The Safety Regulators Team/Massage Therapy  
Texas Department of Licensing & Regulation



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**From:** Tereza Van Horn <tvanhorn@lmt.nv.gov>  
**Sent:** Monday, November 29, 2021 7:05 PM  
**To:** The Safety Regulators <Safety.Regulators@tdlr.texas.gov>  
**Subject:** [ External Email ] Mei Ye

**CAUTION:** This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe!

Texas,

We have an applicant wanting to apply in Nevada for a license. We have crossed reference your database and have located someone with the same name. Can you verify if the social's or DB match?

Mei Ye DOB . , and last four of social is

Is this the same person as MT126898?

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

# Massage Therapy

NV Required	Applicant
A&P W/ Kinesiology	125
Classroom W/ Clinic	220
Pathology	40
Business	20
Ethics	20
Hands on	125
Total	550

**Notes:**

School closed. School curriculum located.

Program is not approved by CAMTC. Education must be taken prior to September 15, 2015 in order for CAMTC to review.

Applicant licensed in TX - Did not disclose.

*Cannot approve school hours. No transcript provided. MBE's taken using this school prior to FSMTB policy of verifying education.*

*Education Denied*

Date Reviewed:

*12/24/15*

ED Signature:



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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



Pete Ricketts, Governor

## NEBRASKA CERTIFICATION

Credential Type	Name	Address	Date of Birth
Massage Therapist	Mei Ye	Rosemead CA 91770	

Number	Issuance Date	Expiration Date	Current Status
3629	12/28/2017	11/01/2023	Active

Obtained by	School	Graduation Date
Exam	Advanced Pro Nursing Institute Eastern Massage Institute	N/A

Exam Subject	Exam Date	Score
MBLEx Jurisprudence - Reciprocity	09/27/2016	727
	11/20/2017	88

Disciplinary or Non-Disciplinary Action
NONE

THIS LICENSE has been maintained in good standing up to and including the present date without having had any disciplinary action taken against it.

If you have questions, contact Jessica Dean at 402-471-2117 or by e-mail at: [DHHS.licensure2117@nebraska.gov](mailto:DHHS.licensure2117@nebraska.gov)

Kris Chiles, Program Manager  
Office of Behavioral Health & Consumer Services  
Licensure Unit  
PO Box 94986 - Lincoln, NE 68509

10/06/21

(DHHS SEAL)

You may verify licenses at our Nebraska License Look-up: <https://www.nebraska.gov/LISSearch/search.cgi>

Helping People Live Better Lives



Public License Search Details

Certificates	License Number	Board	License Type	Address	Status	Issue Date	Expiration Date
	089976	Massage Therapy	Massage Therapist	9772 CARICO WAY ELK GROVE CA 95757 USA	Active	12/12/2017	12/15/2023

People Details

Description	First Name	Middle Name	Last Name	Establishment Name	Address
Applicant	Mei		Ye		9772 CARICO WAY ELK GROVE CA 95757 USA

License Info



## **FSMTB Reaches Settlement in AOT Litigation**

August 19, 2014



**Contact:** Debra Persinger, Ph.D.  
Executive Director, FSMTB  
dpersinger@fsmtb.org / 913.681.0380

### **FOR IMMEDIATE RELEASE: August 19, 2014**

(Overland Park, Kan. – August 19) – The Federation of State Massage Therapy Boards (FSMTB) has reached a settlement agreement with the Academy of Oriental Therapy, LLC, resolving the litigation filed by FSMTB. The specific terms of the agreement remain confidential.

FSMTB monitors websites, review courses, and educational programs to protect the integrity of the MBLEx and the licensure process, as well as the public served through the regulation of the profession. On November 1, 2013, FSMTB initiated litigation in the United States District Court for the District of New Jersey against the Academy of Oriental Therapy, LLC, a massage therapy school, and certain individuals affiliated with AOT alleging copyright infringement and trade secrets misappropriation related to the FSMTB Massage & Bodywork Licensing Examination (MBLEx). Defendants denied the allegations.

As part of the settlement, the parties agreed to the entry by the Court of a Consent Permanent Injunction that prohibits the conduct alleged by FSMTB in the litigation. As is customary in any circumstances where a breach of the examination program is alleged, and based upon materials analyzed during the litigation, FSMTB retired and replaced numerous MBLEx questions in order to ensure the continued integrity of the examination program.

The FSMTB remains committed to vigorously protecting its intellectual property interests and the security and integrity of the MBLEx. The FSMTB board of directors is appreciative of the support from FSMTB member state licensing boards and agencies, as well as the commitment of FSMTB staff and legal counsel, in resolving this matter. FSMTB vice president, Karen Armstrong, states, "This has been a very difficult process but it is of paramount importance for public protection that the integrity of the examination program and the licensure process be protected. We are pleased that this matter has been resolved."

FSMTB is a not for profit federation whose membership consists of the massage therapy licensing boards in the United States, its territories, and the District of Columbia. FSMTB provides programs and services to its member governmental boards that are created and empowered to protect the public through regulation of the profession. One such program includes the MBLEx, used by at least 42 states as one component in licensure eligibility determinations by the respective states.

#### **About FSMTB**

The Federation's mission is to support its member boards in their work to ensure that the practice of massage therapy is provided to the public in a safe and effective manner.

###

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- e. Review Application of Mei Ye. (For Discussion and Possible Action)  
Mei Ye was not present nor was she represented by legal counsel.

Tereza VanHorn presented the application of Mei Ye to the Board. Ms. Ye's massage application is before you today for review that could not be approved administratively. Ms. Ye's personal phone number can be linked to 1 illicit posting on adultlook.com. When requesting additional information from Ms. Ye, she provided a cell phone bill that listed three additional phone numbers. In review of those phone numbers, one phone number can be linked to 11 additional illicit postings with eroticmugshots.com and backpage.com. These illicit sites for massage have several ads with woman in lingerie across the United States. Ms. Ye is requesting to be granted a license under NRS 640C.420 and is before you today for review under NRS 640C.700.

Ms. VanHorn shared that the applicant had been properly noticed regarding the meeting.

Motioned by Diane Huleva to deny based on NRS 640C.700(6) and (9), seconded by Karen Kramberg. Motioned carried unanimously.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**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>

December 7, 2021

Mei Ye  
9772 Carico Wy.  
Elk Grove, CA 95757

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. Ye:

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=cVhxOFhuVGRNOTV3clhvTnRPOUZKdz09>

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,

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

Sandra J. Anderson  
Executive Director

9489 0090 0027 6351 4476 68

COPY