

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative) (Amended)

MEETING DATE: March 30, 2022

APPLICANT: Dehua Duan
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

- Approved
- Probation – NRS 640C.700(1)(9) & NAC 640C.410(1)(j)(p) and/or (bb)
- Denied – NRS 640C.700(1)(9) & NAC 640C.410(1)(j)(p) and/or (bb)
- 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: OL210701105146

Fee: \$30.00

APPLICATION INSTRUCTIONS

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

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

Section 1 : Personal Information

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

Application Type : Massage Therapist Structural Integration Reflexology

Applicant Name

Last Name : DUAN
First Name : DEHUA
Middle Name :



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

No record found.

Mailing address :

Street : 4850 W FLAMINGO RD UNIT 39
City : LAS VEGAS **State :** NV **Zip :** 89103

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

Street : 4850 W FLAMINGO RD UNIT 39
City : LAS VEGAS **State :** NV **Zip :** 89103

Social Security Number : **Date of Birth :**
Place of Birth : CHINA **Gender :** Male Female

Home/Cell Phone : (224) 578-9264

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

Home Mailing Business

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

notifications)

Yes No

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

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

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

Section 3 : Previous Licensure Information

Previous Licensure :

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

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

| Jurisdiction/ State | License Number | Year Issued | Expiration Date |
|---------------------|----------------|-------------|-----------------|
| IL | 227.015673 | 2013 | 12/31/2022 |

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 |
|----------------|------------|-------------------|-----------------|
| Rosel School | Chicago | 2012 - 2013 | 665 |
| FuZuBa | Las Vegas | 2021 - 2021 | 550 |

Transcript(s)

| Document Name | User Defined Document Name | Document Link |
|--------------------------------------|---------------------------------|---------------------------------|
| OL210701105146-172582-Transcript.pdf | ROSEL SCHOOL OF MASSAGE-TRANSCP | Document Detail |
| 210701105146-167470-Transcript.pdf | FUZUBA-TRANSCP | Document Detail |

Section 5 : National Exam

| Exam Taken | Where Taken | Date Taken |
|------------|-----------------|------------|
| NCETMB | Diamond Bar, CA | 12/15/2006 |

National Exam Status :

Date Received :

Score Report Received

| Document Name | User Defined Document Name | Document Status |
|---|----------------------------|-----------------|
| 210701105146-167140-ScoreReportCard.pdf | NCETMB | Pass |

Section 6 : Application Screening Questions

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

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

Yes No

If yes, add the disciplinary actions below.

No record found.

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

Yes No

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

Yes No

If Yes, please explain in below textbox :

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

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

Yes No

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

No record found.

Fingerprint Background Waiver

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the

agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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

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

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

Last Name : DUAN

First Name : DEHUA

Middle Name :

Street : 4850 W Flamingo Rd #39

City : Las Vegas

State : NV

Zip : 89103

Date : 8/19/2021

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





Transcript
 3880 Schiff Dr.
 Las Vegas, NV 89103

| | |
|---|--|
| Student: Dehua Duan SSN: Gender: Female Birth Date: Start Date: 03/29/2021 Graduation Date: 07/02/2021 | Grade: 2.88 Total Earned Hours: 550 |
|---|--|

| Message 03/2021 Class | | NV Massage Training Program 550-Hr | | GPA: 2.88 | |
|--|-------|------------------------------------|---------|------------|--|
| Course | Marks | Grade | Credits | Earned | |
| Unit A: Anatomy, Physiology, & Kinesiology | 83 | B | 125 | 125 | |
| Unit B: Theory and Practice of Massage | 80 | B- | 220 | 220 | |
| Unit C: Other Modalities of Massage | 85 | B | 125 | 125 | |
| Unit D: Pathology for Massage Therapists | 85 | B | 40 | 40 | |
| Unit E: Standards of Professional Practice | 85 | B | 40 | 40 | |
| Total Credits | | | | 550 | |

| Grading Scale | | | | |
|---------------|--------------|--------------|--------------|-------------|
| 97 - 100 = A+ | 93 - 96 = A | 90 - 92 = A- | 87 - 89 = B+ | 83 - 86 = B |
| 80 - 82 = B- | 77 - 79 = C+ | 73 - 76 = C | 70 - 72 = C- | 60 - 69 = F |



| | | |
|---|---|---|
|  | Notes -Grade points are for comparison purposes only -ITEC scores are reported separately | Signature of the Registrar  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 | |



Certificate of Graduation

I certify that Ms. Dehua Duan, having successfully completed the 550 hour Professional Practice of Therapeutic Massage training program, is hereby awarded the Certificate of Graduation this second day of July, 2021 with all the rights and responsibilities thereto pertaining.



Nathan O'Hara
Nathan O'Hara, Ph.D.
Director

ROSEL SCHOOL OF MASSAGE THERAPY
 2446 West Devon Avenue, Chicago, IL. 60659
 665 HOUR TRANSCRIPT OF TRAINING

To be completed by school official and submitted with the Application for Examination.



School License Number: 2633
 Student's Name: DEHUA DUAN
 Social Security No: _____
 Student's Address: 230 W 24th CHICAGO IL 60616
 Actual Dates of Attendance (Month-Day-Year):
 From 06.14.2012 To: 01.09.2013
 Hours Earned: 665 Was course completed? Yes No _____
 Final Examination Grades: Practical 90% Theory 89%
 Date of Graduation: Jan. 09. 2013

School Transferred from: N/A
 Name of School: _____
 Address: _____
 Subject Areas: _____
 Hours Areas: _____
 Hours Earned: _____ Grades Received: _____

| Subjects | Number of Hours | | Transfer Hours Earned |
|-------------------------------------|-----------------|-----------|-----------------------|
| | Required | Completed | |
| History & Fundamental | 50 | 50 | |
| Anatomy. Physiology & Kinesiology | 140 | 140 | |
| Pathology | 40 | 40 | |
| Professional Ethics | 10 | 10 | |
| Sterilization & Sanitation | 30 | 30 | |
| CPR & Basic First Aid | 10 | 10 | |
| Overview of Physical Therapy | 20 | 20 | |
| Nutrition & Healthy Skin | 20 | 20 | |
| Massage Techniques I | 75 | 75 | |
| Massage Techniques II | 75 | 75 | |
| Complementary Massage Therapy | 100 | 100 | |
| Chair Massage | 25 | 25 | |
| Meditation & Stress Management | 25 | 25 | |
| Physical Issues & stress management | 30 | 30 | |
| Business & Marketing | 15 | 15 | |

TOTAL HOURS 665 665

I hereby certify that I personally completed this transcript and that the answers appearing hereon are true and correct to the best of my knowledge and belief.

SCHOOL SEAL _____
 Registrar's Signature [Signature]
 Title president
 Date Jan. 09. 2013



ILLINOIS BOARD OF
HIGHER EDUCATION

JB. Pritzker
Governor

John Atkinson
Burr Ridge
Chair

Members

Max Coffey
Charleston

Jennifer Delaney
Champaign

Derek Douglas
Chicago

Andrea Evans
Chicago

Jennifer Garrison
Vandalia

Veronica Gloria
Joliet

Verónica Herrero
Chicago

Alice Marie Jacobs
Bismarck

Pranav Kothari
Chicago

Kenneth Shaw
Chicago

Clarence Wyatt
Morimouth

Student Members

Samira Syed
Student Board Member

Cody Castle
Nontraditional Student
Board Member

Ex Officio Representatives

Lazaro Lopez
Illinois Community
College Board

Kevin Huber
Illinois Student
Assistance Commission

Executive Director

Ginger Ostro

IBHE.org

Phone 217.782.2551
Fax 217.782.8548
TTY 888.261.2881

Printed on Recycled Paper

ILLINOIS BOARD OF HIGHER EDUCATION
1 NORTH OLD STATE CAPITOL PLAZA, SUITE 333
SPRINGFIELD, ILLINOIS 62701-1377

December 10, 2021

Nevada Massage Board
1755 East Plumb Lane #252
Reno, NV 89502

RE: **Rosel School of Massage Therapy** records for **Dehua Duan**

Dear Sir/Madam:

The Illinois Board of Higher Education (IBHE) retains records for the above-named institution. Enclosed, please find a copy of the entire transcript record on file for **Dehua Duan**.

Please be advised that this office acts as a repository for student records from closed schools and forwards all information on file pertaining to the student. IBHE cannot send official records or vouch for the accuracy of the records sent. If the transcript is incomplete or incorrect, staff will not be able to correct, retrieve, or recover any missing or erroneous information.

If you have any questions or concerns, please feel free to contact me at bowden@ibhe.org.

Sincerely,

Charlie Bowden
Transcripts



Rosel School of Massage Therapy

Chicago, Illinois

This is to certify that

DEHUA

DUAN

has completed in a satisfactory manner the course of study in Massage Therapy Program and is here by awarded this

Diploma

as a mark of knowledge and in recognition of this accomplishment.

in Witness Where of, we have set our signatures

this 09 Day of January, 2013

ROSEL BAEK



Administrator



Official NCBTMB Score Report

Dehua Duan

UNITED STATES

DOB: [REDACTED]



Exam Name: NCETMB

Exam Date: 12/15/2006

Exam Result: PASS

Candidate ID:

Please accept this as the Official Score Report for the candidate listed above for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

If you have any questions, please contact scores@ncbtmb.org or call 800-296-0664.





Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB Pritzker
 Governor

Mario Treto, Jr.
 Acting Secretary

Cecilia Abundis
 Acting Director
 Division of Professional Regulation

CERTIFICATION OF LICENSURE

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

Licensee: DEHUA DUAN
 License Number: 227.015673
 Profession: Licensed Massage Therapist
 Date of Issuance: 06/06/2013
 Expiration Date: 12/31/2022
 License Status: ACTIVE
 License Method: ACCEPT EXAM
 Disciplinary History: Has not been disciplined



This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Cecilia Abundis
 Acting Director
 Division of Professional Regulation

November 8, 2021
 Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



Department of Health

License Number: MM34408

Data As Of 1/11/2022

| | |
|------------------------------------|--|
| Profession | Massage Establishment |
| License | MM34408 |
| License Status | Null & Void/ |
| License Expiration Date | 8/31/2017 |
| License Original Issue Date | 11/06/2015 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Discipline on File | No |
| Public Complaint | No |

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



Nevada State Board of Massage Therapy
 111 W. Telegraph St. Suite 200
 Carson City NV 89703
 Email: www.nvmassagebd@state.nv.gov
 Website: http://massagetherapy.nv.gov

NU MT
044

Massage Therapist Application
 for currently licensed Nevada massage therapists

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

| | | | | | |
|---|--|---------------|--|----------------|-------|
| Applicant Name Last | | First | | Middle Initial | |
| DUAN | | DEHUA | | | |
| List all other names previously or currently being used by you | | | | | |
| N/A | | | | | |
| Residence address (do not list Post Office boxes or mailbox drop addresses) | | | | | |
| Street | | City | | State | Zip |
| 4708 RIVAN WINKLE Ln | | LAS VEGAS | | NV | 89102 |
| Residence 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 |
| 557 E SAHARA AVE #108 | | LAS VEGAS | | NV | 89104 |
| Business Address | | | | | |
| Street | | City | | State | Zip |
| 557 E SAHARA AVE #108 | | LAS VEGAS | | NV | 89104 |
| Home Phone | | Cell Phone | | Business Phone | |
| 702-321-4600 | | 626-262-1933 | | 626-262-1922 | |
| Social Security Number | | Date of Birth | | Place of Birth | |
| | | | | P.R. CHINA | |

Section 1 Licensure and Training

Previous Licensure

List all other states and/or jurisdictions in which you have been licensed as a massage practitioner. Please attach another sheet of paper if you need more room. Please provide a copy of your most recent license.

| Jurisdiction & State | License Number | Year Issued | Expiration Date |
|----------------------|--------------------|-------------|-----------------|
| City of Las Vegas NV | M12-00756-4-107309 | 3/30/2006 | 4/30/2006 |
| LVMPD | 1742226 | | 3/26/2007 |

Massage Training

Please attach another sheet of paper if you need more room.

| Name of School | City and State | Years from and to | Hours |
|--|------------------------|-------------------|-------|
| Acupuncture and massage institute of America | Los Angeles California | Dec. 1999 | 500 |
| | | | 350 |

EAST-WEST institute of hand therapy, El Monte CA, NOV, 2005

National Certification Board for Therapeutic Massage

Please provide a copy of your certificate

| Where taken | Date Taken | Expiration Date |
|-------------|------------|-----------------|
| | | |

Section 2 Application Screening Questions (use additional sheets of paper if needed)

| | |
|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage?</p> <p>If yes, complete the following:</p> <p>Date of Revocation/suspension/surrender/ or any other disciplinary action: _____</p> <p>Licensing Agency/jurisdiction that took action: _____</p> <p>Name and Address of Employer/supervisor: _____</p> <p>Reason for action: _____</p> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>2. Have you ever been arrested or convicted, within the 10 years immediately preceding submission of this application, of a felony or for any crime involving violence, prostitution or any other sexual offense?</p> <p>If yes, complete the following:</p> <p>Date of Charge/offense: _____</p> <p>Name and Address of Law Enforcement Agency: _____</p> <p>Charge: _____</p> <p>Disposition: _____</p> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> a. A letter of explanation that addresses the impairment or limitations of practice b. A letter of reference from you current/last employer c. A copy of your last employment evaluation d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities b. Documentation from knowledgeable individual(s) documenting your length of sobriety c. Documentation of inpatient or outpatient chemical dependency treatment. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of massage safely b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out massage duties reliably and with good judgment. |

Section 3 Child Support Information

| | |
|---|--|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>I am subject to a court order that requires me to pay for the support of one or more children.</p> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>I am in compliance with that court order. (If you answered No to the question above, mark N/A) N/A</p> |

THE EAST-WEST INSTITUTE OF HAND THERAPY

OFFICIAL TRANSCRIPT



Name: De Hua Duan

Start Date: 08-15-05

Date of Birth:

Color of Hair: BLK

Address: 325 W. Norwood PL. San Gabriel, CA 91776

Total Hours: 350 Hours

Graduation Date: 11-07-05

Height: 5-03

Sex: F

Color of Eyes: BLK

Weight: 120 Lbs.

Course Title: CHIROPRACTIC ASSISTANT

| TOPIC | HOURS | Grade |
|-------------------|-------|-------|
| ANATOMY | 50 | A |
| PHYSIOLOGY | 25 | A |
| HEALTH & HYGIENE | 20 | A |
| BUSINESS & ETHICS | 15 | B |
| HYDROTHERAPY | 15 | A |
| SWEDISH MASSAGE | 125 | B |
| PHYSIOTHERAPY | 50 | B |
| INTERNSHIP | 50 | B |

School Name: The East-West Institute of Hand Therapy
School Address: 10138 E. Garvey Ave. #H, El Monte, CA 91733
School Telephone: 626-452-9593
School Code: 1935301
Instructor: Xiao Chun Cai



The East-West Institute of Hand Therapy

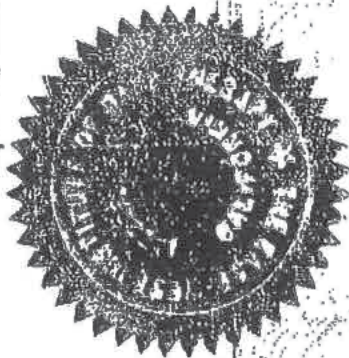
Be it known that

DE HUA DUAN

Having satisfactory and in full faith completed the required course of construction consisting of appropriate number of 350 hours in Auricular, Physiology, principle of the health & hygiene, Physiotherapy, and satisfactorily passed the practical and written examinations, demonstrating the necessary skills and knowledge is hereby awarded this Certificate of Completion as a

CHIROPRACTIC ASSISTANT

In testimony whereof, the Seal of the School is hereby affixed
this 07 day of NOVEMBER 2005



**E-W INSTITUTE
10138 E. GARVRY AVE
#H, EL MONTE, CA 91733**


President

THE EAST-WEST INSTITUTE OF HAND THERAPY

NSBMT
AUG 20 2007

OFFICIAL TRANSCRIPT (2006)

NSBMT
SEP 10 2007



Received
Name: De Hua Duan
Start Date: 02-14-00
Date of Birth:
Color of Hair: BLK
Home Address: 1829 Jellick Ave. Rowland Hghts, CA 91748

Total Hours: 650 Hours
Date of Graduation: 09-18-06
Height: 5-03 **Sex:** F
Color of Eyes: BLK **Weight:** 120lb.
Received

| <u>1. Anatomy & Physiology</u> | <u>Hours</u> | <u>Grade</u> |
|--|--------------|--------------|
| Medical Terminology 11 of Human Systems | 200 | B |
| <u>2. Pathology</u> | <u>Hours</u> | <u>Grade</u> |
| Pathology about the margin systems Indication & Contraindication of massage | 60 | B |
| <u>3. Kinesiology</u> | <u>Hours</u> | <u>Grade</u> |
| Central & Peripheral neuro-anatomy and Physiology Somatic & Autonomic layout & Functions. Muscles Testing & Function | 50 | B |
| <u>4. Hydrotherapy</u> | <u>Hours</u> | <u>Grade</u> |
| Sun-Tanning Application of Heat & Cold Bathes | 40 | B |
| <u>5. Orientern Massage</u> | <u>Hours</u> | <u>Grade</u> |
| Chinese Medicine & Meridians Basic & Advanced Shiatsu Acupressure & Tai-Ji-Quan Reflexology of Foot & Auricular | 150 | A |
| <u>6. Western Massage</u> | <u>Hours</u> | <u>Grade</u> |
| Swedish Massage Deep Tissue Seated Therapeutic Massage | 125 | B |
| <u>7. Hygiene & Professional Ethics</u> | <u>Hours</u> | <u>Grade</u> |
| Infection Control Procedures Professional Ethics & Business Practices | 25 | A |

Instructor Xiao Chun Cai
10138 E. Garvey Ave. #H, El Monte, CA 91733
626-452-9593

The East-West Institute of Hand Therapy

NSBMT

Received AUG 20 2007 NSBMT

Received SEP 10 2007

Received

Be it known that

DE HUA DUAN

Having satisfactorily and in full faith complete the required course of instruction consisting of the appropriate number of 650 hours in Anatomy, Chinese Medicine, Acupuncture, Shiatsu, and having satisfactorily passed the practical and written examinations, demonstrating the necessary skills and knowledge is hereby awarded this Certificate of Completion as a

MASSAGE THERAPIST

In testimony whereof, the Seal of the School is hereby affixed
this 18 day of SEPTEMBER 2006

E-W INSTITUTE
10138 E. GARVEY AVE
#H, EL MONTE, CA 91733


President

ACUPUNCTURE AND MASSAGE INSTITUTE OF AMERICA

6513 WHITTIER BLVD, LOS ANGELES, CA 90022

TEL: (323)888-1122 FAX: (323)888-1618

CERTIFICATE OF COMPLETION

(MASSAGE THERAPIST)

STUDENT NAME: DUAN DE HUA SEX: F PHONE: (626) 280-9267
ADDRESS: 325 NOIWOOD PL, SAN GABRIEL, CA 91776
DATE OF BIRTH: SSN:
START DATE: 07-06-1999 DATE OF COMPLETION: 12-30-1999

| <u>SUBJECT</u> | <u>HOURS</u> | <u>GRADE</u> |
|-------------------|--------------|--------------|
| <u>I. MASSAGE</u> | <u>100</u> | <u>B</u> |

1. Structure and Function of the Human Body
2. Principles of Massage Therapy
3. Technique of Massage Therapy
4. Acupoints Commonly Used in Massage Therapy
5. Clinical Application of Massage therapy
6. Contraindication of Massage therapy

| | | |
|-------------------------------|------------|----------|
| <u>II. ADVANCED MASSAGE I</u> | <u>250</u> | <u>B</u> |
|-------------------------------|------------|----------|

1. A Brief History of Chinese Massage
2. The Diagnosis of Soft Tissue Injuries
3. Massage for Injuries of the Soft tissue in Neck, Chest,
Upper Back, and Lower Back Massage
4. Massage for Injuries of the Soft tissue in Upper and Lower Extremities

| | | |
|------------------------------|------------|----------|
| <u>III. ACUPOINT MASSAGE</u> | <u>150</u> | <u>A</u> |
|------------------------------|------------|----------|

1. Meridians, Collaterals, and Acupoints
2. Manipulation
3. Treatment of Common Diseases
 - (1) Internal Diseases
 - (2) Gynecological Diseases
 - (3) Pediatric Diseases
 - (4) Orthopedic Diseases
 - (5) Others

Date of Graduation: December 30, 1999 Total Hours: 500

Director: Yiding Wang, C.A., Ph.D.

Instructor: Yiding Wang

Yiding Wang

Date: December 30, 1999



Acupuncture and Massage Institute of America

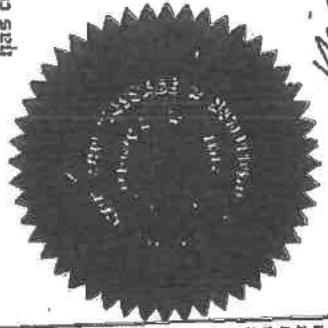
6513 WHITTIER BLVD., LOS ANGELES, CA 90022
TEL: (323) 888-1122 FAX: (323) 888-1118 E-MAIL: AMIA@ACCESS.NET

This is to certify that DUAN DE HUA
has completed the course of Massage, Advanced Massage and Acupoint Massage

and has passed the final clinical examination.
This diploma is given under this seal of the

Acupuncture and Massage Institute of America

the 30th day of December in the year of 1999



Yidong Wang
President

Yidong Wang
Secretary

Tereza Van Horn

From: Sandy J. Anderson
Sent: Monday, January 24, 2022 11:30 AM
To: Ethics
Cc: Tereza Van Horn
Subject: RE: Dehua Duan

Laura,

Thank you so much! We really appreciate the assistance in this investigation. Do you need us to report to you if we deny the application?

Sandy

From: Ethics <E2@ncbtmb.org>
Sent: Monday, January 24, 2022 11:21 AM
To: Sandy J. Anderson <sjanderson@lmt.nv.gov>
Subject: RE: Dehua Duan

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

Hi Sandy,

We are going to look into this with Legal and for the meantime I have been given permission to release the information you are requesting for this individual.

The Score report records I have for this individual are below.

6/2013 – IL
11/2013 – FL
6/2021 - NV

.....
Laura Gultmeyer
Systems and Office Operations Manager
support 800-296-0664
fax 866-402-1890
www.ncbtmb.org



Tereza Van Horn

Subject: FW: Dehua Duan

From: Monroe, Kama <Kama.Monroe@flhealth.gov>
Sent: Tuesday, January 11, 2022 5:45 AM
To: Tereza Van Horn <tvanhorn@lmt.nv.gov>; Sandy J. Anderson <sjanderson@lmt.nv.gov>
Cc: Nielsen, Gerry <Gerry.Nielsen@flhealth.gov>
Subject: FW: Dehua Duan

There are no disciplinary actions.

Kama Monroe

Executive Director

*Department of Health | Division of Medical Quality Assurance | Bureau of Health Care Practitioner Regulation
Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech Language Pathology and Audiology, and
Council of Licensed Midwifery
4052 Bald Cypress Way Bin C 06
Tallahassee, FL 32399-1708*

From: Nielsen, Gerry <Gerry.Nielsen@flhealth.gov>
Sent: Tuesday, January 11, 2022 8:40 AM
To: Monroe, Kama <Kama.Monroe@flhealth.gov>
Subject: RE: Dehua Duan

It is the same person; MM74837 – Null and Void; owner of MM154408 and MM36995, both are also null and void.

From: Tereza Van Horn <tvanhorn@lmt.nv.gov>
Sent: Monday, January 10, 2022 7:26:52 PM
To: Monroe, Kama <Kama.Monroe@flhealth.gov>;
Cc: Sandy J. Anderson <sjanderson@lmt.nv.gov>
Subject: Dehua Duan

Kama and Carol,

I hope all is well. We have an applicant Dehua Duan that is applying with Nevada. I have cross-referenced your website and can locate a Dehua Duan. However, I am unable to verify if the person is the same as our applicant. Can you form DOB and/or Social?

Her listed last four of social is [REDACTED] and DOB is [REDACTED]

Is this the same as the Florida Licensee of MA74837? If so, was there any disciplinary actions?

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



Department of Health

License Number: MM36995

Data As Of 1/11/2022

| | |
|------------------------------------|--|
| Profession | Massage Establishment |
| License | MM36995 |
| License Status | Null & Void/ |
| License Expiration Date | 8/31/2019 |
| License Original Issue Date | 08/31/2017 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Discipline on File | No |
| Public Complaint | No |

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



Department of Health

DEHUA DUAN

License Number: MA74837

Data As Of 1/10/2022

| | |
|------------------------------------|-------------------|
| Profession | Massage Therapist |
| License | MA74837 |
| License Status | NULL AND VOID/ |
| License Expiration Date | 8/31/2019 |
| License Original Issue Date | 12/04/2013 |

Address of Record If further information is needed, please contact the Department of Health at (850) 488-0595.

Discipline on File No

Public Complaint No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.