

**NEVADA STATE BOARD OF MASSAGE THERAPY**

**AGENDA ACTION SHEET**

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

**MEETING DATE:** March 30, 2022

**APPLICANT:** Dehua Duan

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

**BACKGROUND INFORMATION:**

Ms. Duan’s massage application is before you today for review that could not be approved administratively. Ms. Duan was previously licensed with NSBMT from August 2006 to August 2011. Her 2006 application with NSBMT listed Acupuncture and Massage Institute of America with a completion date of December 1999 and East-West Institute of Hand Therapy with a completion date in November of 2005. Ms. Duan has failed to disclose her previous license and establishment owner license by Florida Department of Health. Ms. Duan listed her 2021 application with education from Rosel School of Massage Therapy with a completion date of January 2013 and Fuzuba with a completion date of 2021. Additional education from other sources were not listed on recent application with NSBMT. Ms. Duan has failed to provide her previous Florida license and education from multiple massage programs. Ms. Duan is requesting to be granted a license under NRS 640C.420 and is before you today for review under NRS 640C.700.

**ACTION:**

Approved

Probation – NRS 640C.700(1)a

Denied – NRS 640C.700(1)a

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.

Board Meeting Application review: Dehua Duan:

12/31/2022 – Illinois Department of Financial and Professional Regulation license is set to expire.

8/24/2021 – Application submitted to NSBTMB for massage license.

7/2/2021 – Completed Fuzuba Program of 550 hours.

6/2021 - NCBTMB score report sent to Nevada.

3/29/2021 – Started Fuzuba Program

8/31/2019 – Florida massage establishment license #MM36995 expires.

8/31/2019 – Florida massage license #MA74837 expires.

08/31/2017 – Florida issues massage establishment license #MM36995 to Ms. Duan. No disciplinary actions on file.

8/31/2017 – Florida massage establishment license #MM34408 expires.

4/5/2016 – Illinois Board of Higher Education issues a denial letter to Rosel School of Massage Therapy for failure to meet the criteria for operation.

- a.e The faculty, staff and instructors of the school shall be of good professional reputation and character.e
- b.e Schools must show the capacity to develop, deliver and support academic programs.e Procedures and policies that will assure the effective design, conduct and evaluation of the certificate program under academic control of the school must be developed.e
- c.e Adequate records shall be maintained by the school to show attendance, progress or grades, and consistent standards should be enforced relating to attendance, progress,e and performance.e
- d.e Accuracy, clarity, and appropriateness of program descriptions Institutional promotional, advertising, and recruiting materials must be clear, appropriate, and accurate.e
- e.e Appropriate and Ethical Admissions and Recruitment Practices at a minimum, recruiting practices must be ethical and abide by any State or Federal rules.e
- f.e Make a deceptive statement concerning other institutional activities in attempting to enroll students.e

11/06/2015 – Florida issues massage establishment license #MM34408 to Ms. Duan. No disciplinary actions on file.

12/4/2013 - Florida issues massage license #MA74837 to Ms. Duan. No disciplinary actions on file.

11/2013 – NCBTMB score report sent to Florida.

6/6/2013 – Illinois Department of Financial and Professional Regulation issue license # 227.015673 to Ms. Duan.

06/2013 – NCBTMB score report sent to Illinois.

1/9/2013 – Completed Rosel School of Massage Therapy for 665 hours.

6/4/2012 – Started Rosel School of Massage Therapy

12/15/2006 – Took NCBTMB exam. Received a passing result.

09/18/2006 – Completed East West Institute of Hand Therapy massage program of 650 hours.

08/12/2006 – Licensed in NV – License NVMT.0044 issued. NSBMT received application with education from Acupuncture and Massage Institute of America and East-West Institute of Hand Therapy. Expired on August 31, 2011.

11/7/2005 – Completed East West Institute of Hand Therapy Chiropractic Assistant program of 350 hours.

8/15/2005 – Started East West Institute of Hand Therapy Chiropractic Assistant program.

2/14/2000 – Started East West Institute of Hand Therapy Massage program.

12/30/1999 – Completed Acupuncture and Massage Institute of America program of 500 hours.

7/6/1999 – Started Acupuncture and Massage Institute of America program.

- a Ms. Duan failed to answer section 3 of the application appropriately by not listing her FL license or FLa establishment license.a
- a Ms. Duan failed to answer section 4 of the application appropriately by not listing all of his education providers,a including submitting all transcripts and certificate of completions (diploma).a
- a No record of Ms. Duan taking FSMTB (MBLEx).a

**NRS 640C.700 Grounds for refusal to issue license or for disciplinary action.** The Board may refuse to issue a license to an applicant, or may initiate disciplinary action against a holder of a license, if the applicant or holder of the license:

1. Has submitted false, fraudulent or misleading information to the Board or any agency ● of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government;

Prepared by Tereza Van Horn, Executive Assistant



# 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 :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip**

**Social Security Number**

**Place of Birth :** CHINA

**Date of Birth :**

**Gender :**  Male  Female

**Home/Cell Phone :**

**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 Therapists, 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	<a href="#">Document Detail</a>
210701105146-167470-Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document Detail</a>

**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

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 :**

**City :**

**State :**

**Zip :**

**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;

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 : DEHUA DUAN

Date : 8/24/2021

### 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	OL210701105146-172582-Transcript.pdf	ROSEL SCHOOL OF MASSAGE-TRANSCP	
Certified Statement	OL210701105146-171920-Certified-Statement.pdf	IL VERIF	
Certificate of Completion	OL210701105146-170070-Certificate-of-Completion.jpg	Certificate	
Certificate of Completion	OL210701105146-169114-Certificate-of-Completion.pdf	FUZUBA-DIPL	
Current Massage License	210701105146-168812-Current-Massage-License.jpg		
Current Massage License	210701105146-168811-Current-Massage-License.jpg		
Photo	210701105146-Photo Duan Dehua.jpg		
Transcript	210701105146-167470-Transcript.pdf	FUZUBA-TRANSCP	
Score Report Card	210701105146-167140-ScoreReportCard.pdf	NCETMB	
Social Security Card	OL210701104845-166882-Social-Security-Card.jpg		
Government Issued ID Card	OL210701104845-166881-Government-Issued-ID-Card.jpg		

### Application Fees

**All fees are non-refundable.**



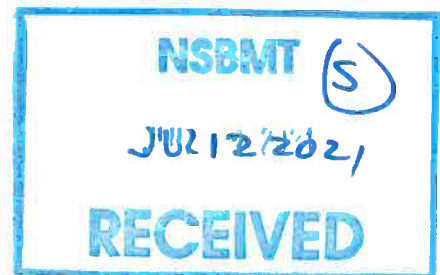


**Transcript**  
 3880 Schiff Dr.  
 Las Vegas, NV 89103

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
---	--

<b>Message 03/2021 Class</b>		NV Massage Training Program 550-Hr		<b>GPA: 2.88</b>	
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	86	B	40	40	
<b>Total Credits</b>				<b>550</b>	

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-	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	

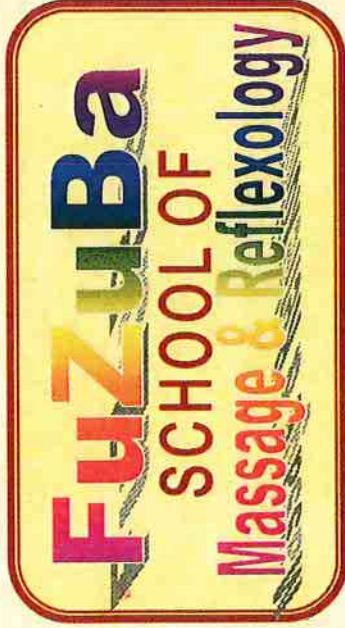


NSBMT

JUL 12 2021

5

RECEIVED



## 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: \_\_\_\_\_  
 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.

Registrar's Signature [Signature]  
 Title President  
 Date Jan. 09. 2013

SCHOOL SEAL



**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**

**Veronica Herrero  
Chicago**

**Alice Marie Jacobs  
Bismarck**

**Pranav Kothari  
Chicago**

**Kenneth Shaw  
Chicago**

**Clarence Wyatt  
Monmouth**

**Student Members**

**Samiha 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](mailto: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:** [REDACTED]

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](mailto: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*

Cecilia Abundis  
 Acting Director  
 Division of Professional Regulation

November 8, 2021  
 Date

Refer to the Department's Web Site at [www.idfpr.com](http://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](http://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 RIP VAN 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	
				Gender	
				<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Social Security Number		Date of Birth		Place of Birth	
613-19-0839		8/14/1957		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> <p>a. A letter of explanation that addresses the impairment or limitations of practice</p> <p>b. A letter of reference from you current/last employer</p> <p>c. A copy of your last employment evaluation</p> <p>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.</p>
<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> <p>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities</p> <p>b. Documentation from knowledgeable individual(s) documenting your length of sobriety</p> <p>c. Documentation of inpatient or outpatient chemical dependency treatment.</p>
<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> <p>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</p> <p>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.</p>

### 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) <span style="float: right;">N/A</span></p>

**THE EAST-WEST INSTITUTE OF HAND THERAPY**

**OFFICIAL TRANSCRIPT**



Name: De Hua Duan  
Start Date: 08-15-05  
Date of Birth: 08/14/57  
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

A handwritten signature or mark, possibly in ink, located at the bottom right of the page. It appears to be a stylized name or initials.

# The East-West Institute of Hand Therapy

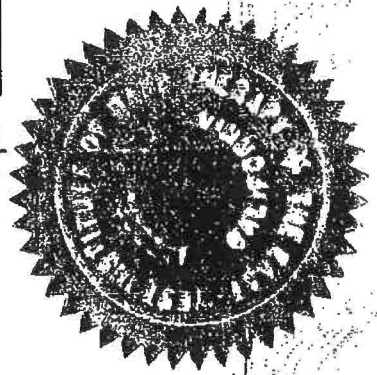
Be it known that

**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

## OFFICIAL TRANSCRIPT (2006)

NSBMT  
AUG 20 2007

NSBMT  
SEP 10 2007



Received  
**Name:** De Hua Duan

**Start Date:** 02-14-00

**Date of Birth:** 08/14/57

**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.

<u>1. Anatomy &amp; 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 &amp; 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

N S B M T

Be it known that

~~AUG 20 2007~~ N S B M T

Received SEP 10 2007

Received

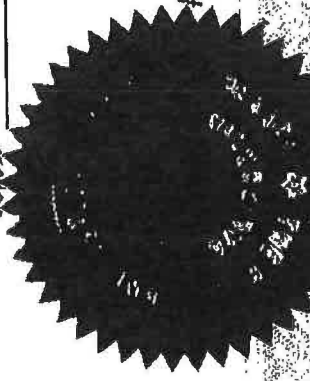
DE HUA DUAN

*Having satisfactorily and in full faith complete the required course of instruction consisting of the appropriate number of 650 hours in Anatomy, Chinese Medicine, Acupressure, 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: 08-14-1957      SSN: 613-19-0839  
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. <u>Structure and Function of the Human Body</u>		
2. <u>Principles of Massage Therapy</u>		
3. <u>Technique of Massage Therapy</u>		
4. <u>Acupoints Commonly Used in Massage Therapy</u>		
5. <u>Clinical Application of Massage therapy</u>		
6. <u>Contraindication of Massage therapy</u>		
<u>II. ADVANCED MASSAGE I</u>	<u>250</u>	<u>B</u>
1. <u>A Brief History of Chinese Massage</u>		
2. <u>The Diagnosis of Soft Tissue Injuries</u>		
3. <u>Massage for Injuries of the Soft tissue in Neck, Chest, Upper Back, and Lower Back Massage</u>		
4. <u>Massage for Injuries of the Soft tissue in Upper and Lower Extremities</u>		
<u>III. ACUPOINT MASSAGE</u>	<u>150</u>	<u>A</u>
1. <u>Meridians, Collaterals, and Acupoints</u>		
2. <u>Manipulation</u>		
3. <u>Treatment of Common Diseases</u>		
(1) <u>Internal Diseases</u>	(2) <u>Gynecological Diseases</u>	
(3) <u>Pediatric Diseases</u>	(4) <u>Orthopedic Diseases</u>	
(5) <u>Others</u>		

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 DEE HUA  
has completed the course of Massage, Advanced Massage and Acupoint Massage

and has passed the final clinical examination.

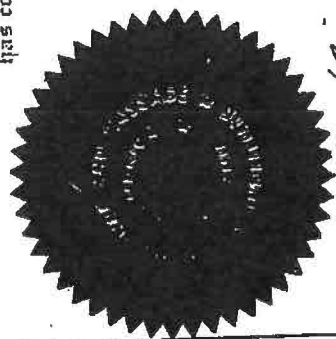
This diploma is given under this seal of the

Acupuncture and Massage Institute of America

the 30th day of December in the year of 1999

Yidong Wang  
President

Yidong Wang  
Director





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

**DCN:** 5500000184036563  
**Process Date:** 12/22/2021  
**Page:** 1 of 1  
 DUAN, DEHUA  
 For authorized use by:  
 NEVADA STATE BOARD OF MASSAGE  
 THERAPY

## DUAN, DEHUA - ONE-TIME QUERY RESPONSE

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

**Practitioner Name:** DUAN, DEHUA  
**Date of Birth:** 08/14/1957 **Gender:** FEMALE  
**Home Address:** 4850 W FLAMINGO RD STE 39, LAS VEGAS, NV 89103-3708  
**Social Security Number:** \*\*\*-\*\*-0839  
**License:** MASSAGE THERAPIST, NO LICENSE  
**Professional School(s):** FUZUBA SCHOOL OF MASSAGE & REFLEXOLOGY (2021)  
 ROSEL SCHOOL OF MASSAGE THERAPY (2013)  
 ACUPUNCTURE AND MASSAGE INSTITUTE OF AMERICA (1999)  
 EAST-WEST INSTITUTE OF HAND THERAPY (2006)

### B. QUERY INFORMATION

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

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/22/2021

**The following report types have been searched:**

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

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

## 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 Quitmeyer**  
Systems and Office Operations Manager  
support 800-296-0664  
fax 866-402-1890  
[www.ncbtmb.org](http://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](mailto:Gerry.Nielsen@flhealth.gov)>  
**Sent:** Tuesday, January 11, 2022 8:40 AM  
**To:** Monroe, Kama <[Kama.Monroe@flhealth.gov](mailto:Kama.Monroe@flhealth.gov)>  
**Subject:** RE: Dehua Duan

It is the same person; MM74837 – Null and Void; owner of MM34408 and MM36995, both are also null and void.

---

**From:** Tereza Van Horn <[tvanhorn@lmt.nv.gov](mailto:tvanhorn@lmt.nv.gov)>  
**Sent:** Monday, January 10, 2022 7:26:52 PM  
**To:** Monroe, Kama <[Kama.Monroe@flhealth.gov](mailto:Kama.Monroe@flhealth.gov)>;  
**Cc:** Sandy J. Anderson <[sjanderson@lmt.nv.gov](mailto: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 0839 and DOB is 8/14/1957

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*

<b>Profession</b>	Massage Therapist
<b>License</b>	MA74837
<b>License Status</b>	NULL AND VOID/
<b>License Expiration Date</b>	8/31/2019
<b>License Original Issue Date</b>	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.