

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: March 30, 2022

APPLICANT: Edward. T. Gao
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

- Approved
- Denied – NRS 640C.700(1)(2)(9) and/or (11) and NAC 640C.410 (1)(j)(p)(q)(s)
- Probation – NRS 640C.700(1)(2)(9) and/or (11) and NAC 640C.410 (1)(j)(p)(q)(s)
- 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: OL220405065538

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 : GAO
First Name : EDWARD
Middle Name : T.



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

Other Name

TAO GAO

Mailing address :

Street : 262 BROKEN PAR DR
City : LAS VEGAS **State :** NV **Zip :** 89148

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

Street : 262 BROKEN PAR DR
City : LAS VEGAS **State :** NV **Zip :** 89148

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

Home/Cell Phone : (626) 679-2148

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
LA	LA3852	2006	03/31/2022
NV	NVMT.1359	2007	04/30/2011

Section 4 : Training and Education

Training :

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

Diploma may be provided by school or applicant.

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

Transcript(s)

Document Name	User Defined Document Name	Document Link
OL211115085429-172806-Transcript.pdf	FUZUBA-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCETMB	Los Angeles, CA	06/02/2006

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
OL211115085429-172807-ScoreReportCard.pdf	NCTMB	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

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 : GAO

First Name : EDWARD

Middle Name : T.

Street : 262 Broken Par Dr

City : Las Vegas

State : NV

Zip : 89148

Date : 5/2/2022

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/Specialties:

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.

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 : Edward T Gao

Date : 12/23/2021

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
Score Report Card	OL211115085429-172807-ScoreReportCard.pdf	NCTMB
Transcript	OL211115085429-172806-Transcript.pdf	FUZUBA-TRANSCP
Certificate of Completion	OL211115085429-172805-Certificate-of-Completion.pdf	FUZUBA-DIPL
Certified Statement	OL211115085429-172687-Certified-Statement.pdf	LA VERIF
Government Issued ID Card	211115085429-172636-Government-Issued-ID-Card.jpg	
Photo	1340-172635-GAO, EDWARD.jpg	
Current Massage License	OL211115084328-171608-Current-Massage-License.jpg	Louisiana State LMT
Social Security Card	OL211115084328-171607-Social-Security-Card.jpg	SSN
Government Issued ID Card	OL211115084328-171606-Government-Issued-ID-Card.jpg	Nevada State Driver License

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:



Transcript
 FuZuBa School of Massage and Reflexology
 3880 Schiff Dr.
 Las Vegas, NV 89103

Student: Edward Gao SSN: Gender: Male Birth Date: Start Date: 08/23/2021 Graduation Date: 12/10/2021	Grade: 3.46 Total Earned Hours: 550
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NV Massage Training Program 650-Hr			GPA: 3.46	
Course	Marks	Grade	Credits	Earned
Unit A: Anatomy, Physiology, & Kinesiology	93	A	125	125
Unit B: Theory and Practice of Massage	80	B-	220	220
Unit C: Other Modalities of Massage	90	A-	125	125
Unit D: Pathology for Massage Therapists	97	A+	40	40
Unit E: Standards of Professional Practice	100	A+	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-	0 - 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	

FUZUBA
SCHOOL OF
Massage & Reflexology



NSBMT
DEC 28 2021
RECEIVED

Certificate of Graduation

I certify that Edward Gao, having successfully completed the 550-hour Professional Practice of Therapeutic Massage training program, is hereby awarded the Certificate of Graduation this tenth day of December, 2021, with all the rights and responsibilities thereto pertaining.



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

National Certification Board for
Therapeutic Massage and Bodywork

Let It Be Known That
Zao Gao, NCTMB

has demonstrated the fundamental knowledge required for competency in
this profession and is hereby awarded the designation

Nationally Certified in Therapeutic Massage and Bodywork

Elizabeth Mc Intyre

Chair

Doreen M. Fealey

Chair Elect

NCTMB

2006

Certified Since

June 2, 2010

Expiration Date

442315-00

National Certification Number



LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E, Baton Rouge, LA 70816
225/756-3488 www.labmt.org
Email: admin@labmt.org

VERIFICATION OF LICENSURE

Please Print or Type

Signed Form must be mailed/emailed to the address/email above for verification to be processed.

Section I - (Completed by Applicant)

The undersigned hereby authorizes the board to release all information in its file, favorable or otherwise, regarding my license.

Applicant's Signature: [Signature] Date: 12/08/20

Applicant's Name on File w/LBMT: Tao Gao (Edward Tao Gao)

Address 1804 Homer St Metairie LA 70005
Street Number & Name or P.O. Box City State Zip

Telephone No. () (626) 679-2148 Date of Birth: _____

License No. 3852 Last or Current year of Licensure 2021

Section II - (Where to send completed verification)

All verifications will be emailed to the email address listed below unless otherwise specified.

Name Nevada Board of Massage theriapists

Email Address: nvmassagebd@lmt.nv.gov

Address 1755 E Plumb Ln # 252 Reno NV 89502
Street Number & Name or P.O. Box City State Zip

Telephone No. () (775) 687-9955 Fax No. () (775) 786-4264

Email Fax Mail (Only one may be chosen)

LBMT 0021 12/16/2020



Section III - (Completed by Louisiana Board of Massage Therapy)

This certifies that Tao Gao (Edward Tao Gao)
Name of licensee

License No. LA 3852 Licensed Since Date 10/3/2006

Current License or Last License Date Issued 4/1/21 Expiring Date 3/31/2022

Current status of license:

Active Lapsed Inactive Denied** Suspended
Revoked Disciplined** Expired

**Attached is a copy of the Findings of Fact and Decision.

Louisiana Board of Massage Therapy has no records on file for individual's license that are lapsed for five (5) years or more.

License/Registration/Certification Issued Based On:

A. Education Requirements:

Compliance with Louisiana Requirements as stated in Title 46 Part XLIV, Chapter 11, §1101 [B]. (The minimum 500 in-class hours shall consist of 325 hours dedicated to the study of massage therapy techniques and clinical practicum-related modalities, 125 hours dedicated to the study of anatomy and physiology, and 50 hours of discretionary related course work including, but not limited to, hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation (CPR) and first aid.)

Reciprocity - Board Approved based on licensure in the State of _____

Grandfather requirements



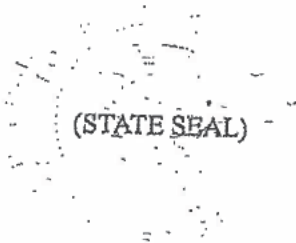
Other _____

B. Testing:

National Examination a.MBLE b.NCBTMB c.NCCAOM d.Other _____
 State Examination

Signature  12/20/2021
(LBMT Representative) Date

Print Name Tricia Thibaut



State of Louisiana

Date: _____



Do Not Use this space. For Official
Use Only: License # LA 3857
Issued: 10-9-06

Board of Massage Therapy
12022 Plank Road, Baton Rouge, LA 70811
APPLICATION FOR PROFESSIONAL LICENSURE
PLEASE READ CAREFULLY

**COMPLETE THIS APPLICATION AND RETURN WITH A FEE OF \$75.00
MONEY ORDER OR OTHER CERTIFIED FUNDS ONLY (No personal checks)
(Please make check out to *Louisiana State Board of Massage Therapy or LBMT*)**

Oral - given on the last Friday of each month, except for holiday weekends, when the date will be moved to the previous Friday.

Applications must be completed and postmarked 30 days prior to the test date. Completed applications must include an official transcript showing hours required by law.

National test results stating you have passed the national examination must be brought to the oral exam. Your National Pass notification will be your admittance to the oral examination.

Applicants submitting incomplete or late applications will be returned to applicant. Applicants not sitting for their scheduled exam will forfeit all fees and must resubmit an application before taking any exam.

All requests for American Disabilities Act provisions must be made in writing at the time of application.

Persons arriving after the examination has begun will not be admitted.

Test results will be handed to you at the examination.

Licenses not paid for within 45 days of test date will become invalid and will require reapplication and re-testing.

DATE OF EXAM: 07-28-2006

1. NAME: Mr. TAO GAO
Mr. Mrs. Or Ms. First Middle Last

2. Date of Birth: _____ Social Security #: _____

3. Home Address: 1120 LAKE AVE. Metairie, LA 70005
Street City State Zip

4. Business Address: 1 Poydras st. New Orleans, LA 70130
Street City State Zip

5. Phone: Home (504) 688-4196 Work: (504) 338-6530 Fax: () _____

Education and Training

(YOU MUST PROVIDE OFFICIAL TRANSCRIPT FROM MASSAGE SCHOOL)
(attach others if available)

6. Name of High School Shanghai China Date of Graduation: 07-1978

7. Complete Address: Shanghai China

8. Name of College or University: Fudan University China

9. Complete Address: Shanghai China

10. Dates attended: From: 1978 To: 1982 Degree Awarded: Bachelor

11. Major: Journalism Minor: _____ Date of Graduation: 08-1982

12. Name of Vocational School: _____

13. Complete Address: _____

14. Certificate Received: YES: _____ NO: _____ Dates Attended: From: _____ To: _____

15. Name of Massage Therapy School: Acupuncture and Massage Institute of America

16. Address: 6513 Whittier Blvd., Los Angeles, CA 90022

17. Certificate received: YES NO _____ Dates attended: From: 04-01-2005 To: 07-05-2005

Out of State License: No. Type: _____ Number: _____

Issue Date: _____ Expiration Date: _____

National Examination Score: 300+ (Passed) Date Taken: 06-02-2006

19. **EMPLOYMENT HISTORY** (past five (5) years inclusive)

List current employment first:

FROM	TO	EMPLOYER'S NAME / ADDRESS	TITLE AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
03-2005 (Now)		ABC Chair Massage in RiverWalk Mall N.O. LA	Owner	
06-2006 (Now)		ABC Chair Massage in Pierre Bossier Mall Bossier City, LA	Owner	
1995 (Now)		Success Ind.'c Corp. 2812 107th Pl. SE Everett, WA 98208	Owner / Export	Quit
04-2003	02-2005	Miyako Massage Las Vegas NV	Manager Assistant	Quit



20. Is trial pending for, or have you ever been convicted, pled guilty or no contest to:

Any type of felony: YES _____ NO

Any sexually related misdemeanor: YES _____ NO

IF YES, GIVE DETAILS: _____

21. Have you ever failed examination or been refused a license for any profession by any state?

YES _____ NO

IF YES, GIVE DETAILS: _____

22. Have you ever had a certificate or professional license refused, revoked suspended or encumbered ?

YES _____ NO

IF YES, GIVE DETAILS: _____

YOU MUST SUBMIT TWO (2) 2" X 2" PHOTOGRAPHS DATED AND SIGNED, BE SURE TO INCLUDE ALL REQUESTED INFORMATION AND A CERTIFIED CHECK OR MONEY ORDER FOR THE FEE THAT IS REQUIRED. (NO PERSONAL CHECKS, PLEASE)

AFFIDAVIT OF APPLICATION

I, TAO GAO, under oath, do promise and swear that if this application is accepted and I should be granted a license to practice as a Massage Therapist in the State of Louisiana, I will obey the laws of this state, the rules and regulations of the Louisiana State Board of Massage Therapy, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Louisiana State Board of Massage Therapy at any time. I further understand that it is my responsibility to keep my license current and stay informed of any changes in the law, rules and regulations and policy relative to Massage Therapy in this state.

I further state that all statements made by me in this application are true and correct.

Signature of Applicant
TAO GAO
Printed Name
06-28-06
Date

Sworn to and subscribed before me this 28TH day of JUNE, in the year 2006.

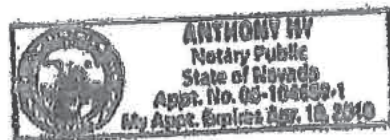
Notary Public

Parish of CLARK

State of NEVADA

My Commission expires April 18, 2010

SEAL



WT

Details for Tao Gao

License Information

Name:	Tao Gao
City, State, Zip, Country:	Las Vegas NV 89148 United States
Profession:	Massage
License Type:	Massage Therapist
License Number:	7177457-4701
Obtained By:	Application - School
License Status:	Expired
Original Issue Date:	11/20/2008
Expiration Date:	05/31/2013
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

Education:

School Name	Major	Graduation Date	Degree
Acupuncture and Massage Institute of America		2005-07-05	Certificate of Completion
East-West Institute of Hand Therapy		2008-10-06	Certificate of Completion

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at <https://secure.utah.gov/bes/bes>. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

CITATION

22028

Department of Commerce
 Division of Occupational & Professional Licensing
 Attn: Citation Coordinator
 P.O. Box 146741
 160 East 300 South
 Salt Lake City, Utah 84114-6741

PAID IN FULL

on
 8/23/12



LIC# 7177457-1701

ISSUED TO: <u>Tao Gao</u>		DOPL#: <u>58481</u>
BUSINESS ADDRESS: <u>Aurora Massage & Spa 55 South Bluff St. George Utah 84770</u>		
HOME ADDRESS:		
BUSINESS PHONE:		HOME PHONE:
DOB:	SSN/EIN#:	DL#:
LOCATION OF OFFENSE: <u>Aurora Massage & Spa</u>		
DATE OF OFFENSE: <u>02-06-2012</u>		DATE ISSUED: <u>02-07-2012</u>
OFFENSE CODE	DESCRIPTION	
<u>58-1-501(1)(c)</u>	<u>knowingly employing any other person to practice or engage in or attempt to practice or engage in any occupation or profession licensed under this title if employee is not licensed to do so under this title.</u>	
REMARKS: <u>On February 6, 2012 I (DOPL Investigator Vince Garcia) was offered a massage by Jiahung Yao at Aurora Massage and Spa for \$70⁰⁰ for a hour or \$50⁰⁰ for a half hour massage.</u> <u>Jiahung Yao was not licensed as a massage therapist in the State of Utah. Tao Gao the owner of Aurora Massage and Spa told me that Jiahung Yao was his Aunt and she worked for him.</u>		
DATE SERVED: <u>02-07-2012</u>	PERSON SERVED: <u>Tao Gao</u>	SERVED BY: <u>Vince Garcia</u>
<input checked="" type="checkbox"/> FINE (See schedule) \$ <u>1000⁰⁰</u>		<input type="checkbox"/> CEASE AND DESIST ORDER
I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE. <u>Mailed to Tao Gao</u> RECIPIENT'S SIGNATURE _____ DATE _____		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <u>Vince Garcia</u> INVESTIGATOR'S SIGNATURE _____

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63, Chapter 46b.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

DIVISION



NSBMT
MAR 01 2007

Nevada State Board of Massage Therapists
1755 E. Plumb Lane Suite 252
Reno, NV. 89502

Received

email: nvmassagebd@state.nv.gov
Website: <http://massagetherapy.nv.gov>

Massage Therapist Application

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	
GAO		TAO			
List all other names previously or currently being used by you					
Edward GAO					
Residence address (do not list Post Office boxes or mailbox drop addresses)					
Street		City		State Zip	
5525 S. Flamingo Rd. #2017,		Las Vegas,		NV 89103	
Residence address (if less than 1 year)					
Street		City		State Zip	
1345 Carrollton Ave.		Metairie,		LA 70005	
Mailing address (if different than the residence address)					
Street or PO Box		City		State Zip	
Business Name:					
TAO GAO					
Business Address					
Street		City		State Zip	
5525 S. Flamingo Rd. #2017,		Las Vegas		NV 89103	
Home Phone		Cell Phone		Business Phone	
626-888-4196		626-888-4196		626-888-4196	
Social Security Number		Date of Birth		Gender	
				<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
				Place of Birth	
				China	
Section 1 Licensure and Training					
Previous Licensure					
List all jurisdictions/states in which you have been licensed as a massage practitioner. Please attach another sheet of paper if you need more room.					
<input type="checkbox"/> Please check here if you have never been licensed in any state jurisdiction.					
Jurisdiction/ State		License Number		Year Issued	
Louisiana state		LA 3852		Oct. 3, 2006	
				Expiration Date	
				Dec. 31, 2007	

Section 2 Massage training and education

Massage Training

Please request official transcripts from the registrar of your schools mailed directly to the Nevada State Board of Massage Therapists.

Name of School	City and State	Years from and to	Hours Completed
Acupuncture and Massage Institute of America	Los Angeles . CA	04/01/2005 — 07/05/2005	500 Hrs

Section 3 National Certification Board for Therapeutic Massage and Bodywork

National Certification Board for Therapeutic Massage

Please provide a copy of your official certificate

Where taken	Date Taken	Expiration Date
Prometric in California	06/02/06	06/02/2010

Section 4 Character References

Please list the names and addresses of five (5) natural persons who are not related to you and are not business associates and who are willing to serve as a character reference. Use additional sheet of paper if necessary

Name	Mailing Address	Telephone
Rong Fu	1804 Homer st. #A Metairie, CA 70005	626-688-8649
Bo Gao	2120 Lake Ave. Metairie, CA 70005	626-801-0500
Zang Gao	409 S. Almansor st. # F Alhambra, CA 91801	626-943-9689
Jiahong Yao	8180 Colchester st. Las Vegas, NV 89117	702-883-1858
Jiang Tao	8180 Colchester st. Las Vegas, NV 89117	702-287-8889

Section 5 Application Screening Questions (use additional sheets of paper if needed)

Yes No

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage?

If yes, complete the following:

Date of Revocation/suspension/surrender/ or any other disciplinary action: _____

Licensing Agency/jurisdiction that took action: _____

Name and Address of Employer/supervisor: _____

Reason for action: _____

NSBMT

MAR 08 2007

Received

ACUPUNCTURE AND MASSAGE INSTITUTE OF AMERICA

6513 WHITTIER BLVD, LOS ANGELES, CA 90022

TEL:(323)888-1122 FAX:(323)888-1618 SCHOOL CODE: 1935911

CERTIFICATE OF COMPLETION

(MASSAGE THERAPIST)

STUDENT NAME: GAO, TAO SEX: M SSN:
 ADDRESS: 1345 CARROLLTON AVE, METAIRIE, LA 70005
 DATE OF BIRTH: PHONE: 504-382-6891
 START DATE: 04-01-2005 DATE OF COMPLETION: 07-05-2005

SUBJECT	HOURS	GRADE
I. ADVANCED MASSAGE II	500	B
A. FOOT REFLEXOLOGY	250	B
1. <u>Anatomy and Physiology And Kinesiology</u>	125	
2. <u>Ethics and Business</u>	10	
3. <u>Introduction to Foot Reflexology Massage Therapy</u>	15	
4. <u>Foot Reflexology Massage on Different Systems</u>	100	
B. AURICULAR DIAGNOSIS AND TREATMENT	250	B
5. <u>Pathology</u>	40	
6. <u>Location of Auricular Points</u>	25	
7. <u>Function of Auricular Points</u>	35	
8. <u>Auricular Diagnosis of Common Diseases</u>	50	
9. <u>Auricular Massage Treatment</u>	50	
(1) <u>Acupressure</u> (2) <u>Massage</u>		
10. <u>Treatment of Common Diseases</u>	50	
(1) <u>Internal Diseases</u> (2) <u>Gynecological Diseases</u>		
(3) <u>Pediatric Diseases</u> (4) <u>Orthopedic Diseases</u>		
(5) <u>Others</u>		

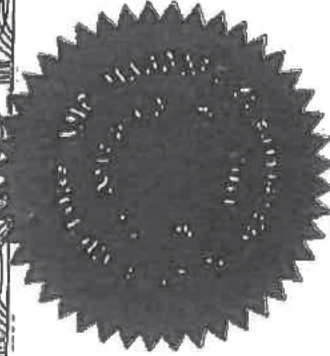
Date of Graduation: Total Hours: 500

*finished clinical practice of foot reflexology massage 100 hours

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

Instructor: Yiding Wang

Date: 07-05-2005



Acupuncture and Massage Institute of America

6513 WHITTIER BLVD., LOS ANGELES, CA 90022
TEL: (323) 888-1172 FAX: (323) 888-1618 E-MAIL: AMIA@ACCESS.NET

This is to certify that _____
has completed the course of _____
ADVANC D MASSAGE II 5 HOURS)

GAO, TAO

and has passed the final clinical examination.

This diploma is given under this seal of the

Acupuncture and Massage Institute of America

NCBTMB # 322 5
BPPVE # 1 35911

Approved by State f CA

2005

05TH

JULY

day of

in the year of

Yeping Wang

Yeping Wang

President

Lecturer