

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:

Mr. Gao's massage application is before you today for review that could not be approved administratively. Mr. Gao was previously licensed with NSBMT from April 2007 to April 2010. His 2007 application listed Acupuncture and Massage Institute of America with a completion date in July of 2005. Mr. Gao has failed to disclose his previous license and citation issued by Utah Division of Occupational & Professional Licensing for allowing an unlicensed person to perform massage in his business. Mr. Gao was the listed owner of the establishment where the unlicensed activity occurred. On September 5, 2012, Utah listed the citation on the National Practitioners Data Bank (NPDB). Mr. Gao listed Acupuncture and Massage Institute of America and East-West Institute of Hand Therapy on his Utah license application. Mr. Gao has failed to provide his previous license, education from multiple massage programs and his citation. Mr. Gao is requesting to be granted a license under NRS 640C.420 and is before you today for review under NRS 640C.700.

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.

Board Meeting Application review: Edward T. Gao:

11/15/2021 – Applied with NSBMT for a massage license. Failed to disclose UT license on application and two separate Ca education massage programs.

9/17/2012 – Mr. Gao files a dispute or statement with National Practitioner Data Bank (NPDB).

9/5/2012 – Utah Division of Occupation & Professional Licensing posted publicly available fine/monetary penalty fine/citation to National Practitioner Data Bank (NPDB).

8/23/2012 – Citation of \$1,000.00 was paid.

2/7/2012 – Citation issued by UT Dept of Commerce – Division of Occupational & Professional Licensing. Citation was issued due to visit on 2/6/2012 where unlicensed activity was occurring by J. You. Ms. You was working at Aurura Massage & Spa. Citation remarks indicate Ms. You was not licensed in Utah and was performing massage. Mr. Cao explained to Utah Investigator that Ms. You was his aunt and she worked for him. Mr. Gao was given a citation with \$1,000.00 fine. Fine was paid on 8/23/2012.

Cited for violation of 58-1-501(1)(c): See below.

Effective 5/12/2020

58-1-501. Unlawful and unprofessional conduct.

(1) "Unlawful conduct" means conduct, by any person, that is defined as unlawful under this title and includes:

(a) practicing or engaging in, representing oneself to be practicing or engaging in, or attempting to practice or engage in any occupation or profession requiring licensure under this title if the person is:

(i) not licensed to do so or not exempted from licensure under this title; or

(ii) restricted from doing so by a suspended, revoked, restricted, temporary, probationary, or inactive license;

(b) (i) impersonating another licensee or practicing an occupation or profession under a false or assumed name, except as permitted by law; or

(ii) for a licensee who has had a license under this title reinstated following disciplinary action, practicing the same occupation or profession using a different name than the name used before the disciplinary action, except as permitted by law and after notice to, and approval by, the division;

(c) 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 the employee is not licensed to do so under this title;

Location is no longer in business and is currently an animal hospital that now occupies the location.

11/20/2008 – Licensed in Utah. License # 7177457-4701 issued, with an expiration date of 5/31/2013. Education provider of Acupuncture and Massage Institute of America and East-West Institute of Hand Therapy.

10/06/2008 – Completed East-West Institute of Hand Therapy. (No documents to support or confirm attendance – Education listed on UT application).

3/1/2007 – Licensed in NV – License NVMT.1359 issued. NSBMT received application with education from Acupuncture and Massage Institute of America. Expired on April 30, 2010.

10/03/2006 – Licensed in Louisiana. Licensed # LA 3852 issued with an expiration date of 3/31/2022.

06/2006 – Took National exam and received passing score.

7/5/2005 – Completed Acupuncture and Massage Institute of America.

- Mr. Gao failed to answer section 6; question 1 of the application appropriately based on citation with fine.
- Mr. Gao failed to answer section 3 of the application appropriately by not listing his UT license.
- Mr. Gao failed to answer section 4 of the application appropriately by not listing all of his education providers, including submitting all transcripts and certificate of completions (diploma).

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;
2. Has violated any provision of this chapter or any regulation adopted pursuant thereto;
9. Has, in the judgment of the Board, engaged in unethical or unprofessional conduct;
11. Has been disciplined in another state, a territory or possession of the United States or the District of Columbia for conduct that would be a violation of the provisions of this chapter or any regulations adopted pursuant thereto if the conduct were committed in this State;

NAC 640C.410 “Unethical or unprofessional conduct” interpreted. (NRS 640C.320, 640C.700)

1. As used in subsection 9 of [NRS 640C.700](#), the Board interprets the phrase “unethical or unprofessional conduct” to include, without limitation:
 - (j) Failing to safeguard a client from the incompetent, abusive or illegal practice of any person during the practice of massage therapy, reflexology or structural integration.
 - (p) Aiding, abetting or assisting any person in performing any acts prohibited by law.
 - (q) Failing to abide by any state or federal statute or regulation relating to the practice of massage therapy, reflexology or structural integration.
 - (s) Failing to report the unauthorized practice of massage therapy, reflexology or structural integration.

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: OL211115085429

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 :
City : State : Zip :

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

Street :
City : State : Zip :

Social Security Number : Date of Birth :
Place of Birth : CHINA 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 |
|---------------------|----------------|-------------|-----------------|
| 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

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 : TAO

Street :

City :

State

Zip :

Date : 12/23/2021

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, **EDWARD GAO** 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 : Edward T Gao

Date : 12/23/2021

Up load

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 |
|---|--|

| NV Massage Training Program 550-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 | |

NSBMT
DEC 28 2021 (5)
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
Tao 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

Donna M. Lesley

Chair Elect



442315-00

National Certification Number

2006

Certified Since

June 2, 2010

Expiration Date



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: _____
Street Number & Name or P.O. Box City State Zip

Telephone No. (____) _____ 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@lm.t.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)



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 Trina Thibaut



State of Louisiana

Date: _____



Do Not Use this space. For Official

Use Only: License # LA 3857

Issued: 10-8-06

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: _____
Street City State Zip

4. Business Address: _____
Street City State Zip

5. Phone: Home () _____ Work: () _____ 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 Int'l 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 X

Any sexually related misdemeanor: YES _____ NO X

IF YES, GIVE DETAILS: _____

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

YES _____ NO X

IF YES, GIVE DETAILS: _____

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

YES _____ NO X

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.

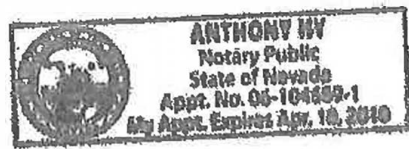
[Signature] TAO GAO 06-28-06
Signature of Applicant Printed Name Date

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

[Signature]
Notary Public

Parish of CLARK
State of NEVADA
My Commission expires APR 18, 2010

SEAL





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: 5500000184577247
 Process Date: 01/06/2022
 Page: 1 of 1
 GAO, EDWARD T
 For authorized use by:
 NEVADA STATE BOARD OF MASSAGE
 THERAPY

GAO, EDWARD T - ONE-TIME QUERY RESPONSE

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

Practitioner Name: GAO, EDWARD T
 Date of Birth: Gender: MALE
 Other Name(s) Used: GAO, TAO
 Home Address:
 Social Security Number:
 License: MESSAGE THERAPIST, NO LICENSE
 Professional School(s): FUZUBA SCHOOL OF MASSAGE & REFLEXOLOGY (2021)

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 01/06/2022

The following report types have been searched:

| | | | |
|---|-----------------------|-------------------------------------|------------|
| Medical Malpractice Payment Report | No Reports | Health Plan Action(s): | No Reports |
| State Licensure or Certification Action | Yes, See Below | 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 |

UT DIV OF OCCUPATIONAL & PROF LICENSING

STATE LICENSURE OR CERTIFICATION

Basis for Action: - ALLOWING OR AIDING UNLICENSED PRACTICE

Initial Action: - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
 DCN: 5500000077125116
 Date of Action: 08/23/2012

----- Unabridged Report(s) Follow -----



GAO, TAO

UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENCING

STATE LICENSURE OR CERTIFICATION ACTION Date of Action: 08/23/2012

Initial Action

Basis for Initial Action

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- ALLOWING OR AIDING UNLICENSED PRACTICE

A. REPORTING ENTITY

Entity Name: UT DIV OF OCCUPATIONAL & PROF LICENSING *
 Address: 160 EAST 300 SOUTH
 4TH FLOOR
 City, State, Zip: SALT LAKE CITY, UT 84111
 Country:
 Name or Office: DAVE TAYLOR
 Title or Department: COMPLIANCE UNIT
 Telephone: (801) 530-6214
 Entity Internal Report Reference: 58481
 Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 10/02/2020:

Entity Name: UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENCING
 Address: 160 E BROADWAY FL 4
 City, State, Zip: SALT LAKE CITY, UT 84111-2305
 Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GAO, TAO
 Other Name(s) Used:
 Gender: MALE
 Date of Birth:
 Organization Name:
 Work Address:
 City, State, ZIP:
 Organization Type:
 Home Address:
 City, State, ZIP:
 Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN):
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: ACUPUNCTURE & MASSAGE INSTITUTE OF AMERICA (2005)
 Occupation/Field of Licensure: MASSAGE THERAPIST
 State License Number, State of Licensure: 7177457-4701, UT

Drug Enforcement Administration (DEA) Numbers:
 Unique Physician Identification Numbers (UPIN):
 Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):



Business Address of Affiliate:
 City, State, ZIP:
 Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
 Basis for Action: ALLOWING OR AIDING UNLICENSED PRACTICE (G2)
 Name of Agency or Program That Took the Adverse Action Specified in This Report: UT DIV OF OCCUPATIONAL & PROF LICENSING
 Adverse Action Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)
 Date Action Was Taken: 08/23/2012
 Date Action Became Effective: 08/23/2012
 Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 1,000.00
 Is the subject automatically reinstated after the adverse action period is completed?:
 Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:
 THE RESPONDENT IS OWNER OF A MASSAGE AND SPA ESTABLISHMENT AND ALLOWED HIS AUNT, WHO IS UNLICENSED TO PERFORM THE PRACTICE OF MASSAGE THERAPY.

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 09/17/2012
 I didn't hire unlicensed person to work for. I don't have any aunt living in United States and any maned Jxxxxxx Yxx.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 09/05/2012
 Date of Most Recent Change: 09/05/2012



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
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DCN: 5500000077125116
Process Date: 09/05/2012
Page: 3 of 3
GAO, TAO
For authorized use by:
NEVADA STATE BOARD OF MASSAGE
THERAPY

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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# 7177457-4701



| | | |
|---|--|--|
| ISSUED TO: <u>Tao Guo</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>58-1-50(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 Venice Green) was offered a massage by Jianhung Guo at Aurora Massage and Spa for \$70⁰⁰ for a hour or \$50⁰⁰ for a half hour massage.</u> <u>Jianhung Guo was not licensed as a massage therapist in the State of Utah. Tao Guo the owner of Aurora Massage and Spa told me that Jianhung Guo was his Aunt and she worked for him.</u> | | |
| DATE SERVED: <u>02-07-2012</u> | PERSON SERVED: <u>Tao Guo</u> | SERVED BY: <u>Venice Green</u> |
| <input checked="" type="checkbox"/> FINE (See schedule) \$ <u>1000⁰⁰</u> | | <input checked="" type="checkbox"/> CEASE AND DESIST ORDER |
| I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS AND ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE. <u>Mailed to Tao Guo</u> RECIPIENT'S SIGNATURE _____ DATE _____ | | I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <u>Venice Green</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 46.
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



Nevada State Board of Massage Therapists **Received**

1755 E. Plumb Lane Suite 252
Reno, NV. 89502

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 | GAO | First | TAO | Middle Initial |
| 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 | |
| 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 | |
| Business Name: | | | | |
| TAO GAO | | | | |
| Business Address | | | | |
| Street | City | State | Zip | |
| Home Phone | Cell Phone | Business Phone | Gender | |
| | | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| Social Security Number | Date of Birth | 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.

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

| Jurisdiction/ State | License Number | Year Issued | Expiration Date |
|---------------------|----------------|--------------|-----------------|
| Louisiana state | LA 3862 | Oct. 3, 2006 | 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 |
|------|-----------------|-----------|
| | | |
| | | |
| | | |
| | | |

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: _____

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:
 DATE OF BIRTH: PHONE: :
 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 | |
| <u>(1) Acupressure (2) Massage</u> | | |
| 10. <u>Treatment of Common Diseases</u> | 50 | |
| <u>(1) Internal Diseases (2) Gynecological Diseases</u> | | |
| <u>(3) Pediatric Diseases (4) Orthopedic Diseases</u> | | |
| <u>(5) Others</u> | | |

Date of Graduation: Total Hours: 500

*finished clinical practice of foot reflexology massage 100 hours

Yiding Wang
 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) 888-1122 FAX: (323) 888-1618 E-MAIL: AMIA@ACCESS.NET

This is to certify that GAO, TAO

has completed the course of ADVANCED MASSAGE II (5 HOURS)

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 fCA

the 05TH day of JULY in the year of 2005

Yudong Wang
President

Yudong Wang
Lecturer