

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: March 30, 2022

APPLICANT: Aylin D. Sanchez-Perez

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

Approved

Probation – NRS 640C.700(3)

Denied - NRS 640C.700(3)

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: OL210816043242

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 : SANCHEZ PEREZ  
First Name : AYLIN  
Middle Name : D.



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

No record found.

### Mailing address :

Street : 2640 SUMAC LN  
City : LAS VEGAS State : NV Zip : 89121

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

Street : 2640 SUMAC LN  
City : LAS VEGAS State : NV Zip : 89121

Social Security Number :

Date of Birth :

Place of Birth : Cuba

Gender :  Male  Female

Home/Cell Phone : (702) 673-7522

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.

Licensure Information is not required because you have checked "Sign off from Local Jurisdiction to follow".

**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
European Massage Therapy School Las Vegas	Las Vegas	2019 - 2020	610

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
210816043242-168780-Transcript.pdf	EUROPEAN-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	LAS VEGAS, NEVADA	08/14/2021

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
210816043242-168782-ScoreReportCard.pdf	MBLEX	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 :** SANCHEZ PEREZ

**First Name :** AYLIN

**Middle Name :** DAMISELA

**Street :** 2640 Sumac Ln

**City :** Las Vegas

**State :** NV

**Zip :** 89121

**Date :** 8/26/2021

**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 Specialty/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, **AYLIN SANCHEZ PEREZ** 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 : AYLIN SANCHEZ PEREZ

Date : 8/26/2021

**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
Certificate of Completion	OL210816043242-169198-Certificate-of-Completion.pdf	EUROPEAN-DIPL
Photo	13707-168875-SANCHEZ PEREZ, AYLIN.jpg	
Score Report Card	210816043242-168782-ScoreReportCard.pdf	MBLEX
Transcript	210816043242-168780-Transcript.pdf	EUROPEAN-TRANSCP
Social Security Card	OL210816042541-168554-Social-Security-Card.jpeg	
Government Issued ID Card	OL210816042541-168553-Government-Issued-ID-Card.jpeg	

**Application Fees**

All fees are non-refundable.

**Fee Detail(s)**

**Payment Detail(s)**

Payment Method:  
 Amount Paid:

**EUROPEAN MASSAGE THERAPY SCHOOL, Inc.**  
 9440 W SAHARA AVENUE, SUITE 250  
 LAS VEGAS, NV 89117

**OFFICIAL TRANSCRIPT**

Credential: Diploma  
 OFFICE OF THE REGISTRAR



**NAME:** Aylin Sanchez Perez **SOCIAL SECURITY #:** \_\_\_\_\_  
**ADDRESS:** 4289 S Pecos Rd, Apt 102 **CITY** Las Vegas **STATE** NV  
**DATES OF ATTENDANCE:** 7-29-2019 to 8-2-2020 **GRADUATION DATE:** 8-2-2020

COURSE NUMBER	COURSE TITLE	HOURS	GRADE	GRADING SYSTEM		
				Grade	Description	G.P.A.
BUS 111	Ethics and Business Practices	40	A	A	Excellent	4.0
SCI 101	Anatomy and Physiology I	32	A	B	Good	3.0
SCI 102	Anatomy and Physiology II	56	B	C	Average	2.0
SCI 103	Anatomy and Physiology III	32	A	D	Unsatisfactory	1.0
MAS 101	Swedish Massage I	68	A	F	Failure	0.0
MAS 102	Swedish Massage II	52	A	P	Pass	
MAS 121	Chair Massage	20	A	I	Incomplete	
MAS 106	Clinical Practice I*	28	P	W	Withdrawal	
MAS 115	BMT and Therapeutic Massage	24	A	TC	Transfer Credit	
SCI 104	Kinesiology	28	B	European Massage Therapy School is accredited by Accrediting Bureau of Health Education Schools (ABHES) and approved by Nevada Commission on Postsecondary Education		
SCI 105	Pathology	40	A			
MAS 122	PNF Stretching	24	A			
MAS 125	Introduction to Affiliated Therapies*	76	P			
MAS 107	Clinical Practices II*	66	P			
MAS 131	Oriental Massage Techniques*	12	P	SCHOOL STAMP		
NEC 101	National Exam Preparation*	12	P			
Program Total		610	GPA: 3.82			
Final Written Test:	A	Final Practical Test:	A			

Date: 8/3/2020

Director: [Signature]

THIS TRANSCRIPT IS OFFICIAL ONLY IF SIGNED AND EMBOSSED WITH THE SCHOOL SEAL.  
 Student in Good Academic Standing unless indicated otherwise

\*Pass/Fail Courses





# European

## Massage Therapy School



NSBMT

AUG 16 2021

5

RECEIVED

*This Certifies That*

**Aylin Damisela Sanchez Perez**

*has successfully completed the Course of Study prescribed in*  
**Massage Therapy (610 hours)**

*and is awarded this*

**Diploma**

# 25,277,913,000

*Given in Las Vegas, Nevada on this 20th day of July 2020*

Director



Manager





MBLEx Results: 8/16/2021

MBLEx Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
Sanchez Perez	Aylin	[REDACTED]	[REDACTED]	8/14/2021 5:45:04 PM	Pass	11/13/2020 Fail 04/23/2021 Fail	Spanish	EUROPEAN MESSAGE THERAPY SCHOOL - LAS VEGAS NV
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

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

October 5, 2021

Aylin D. Sanchez-Perez  
2640 Sumac Ln.  
Las Vegas, NV 89121

Re: DISPOSITION OF RECORD

Dear Ms. Sanchez-Perez,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s). **Online printouts cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

**Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted.** Your background check will expire on **03/31/2022**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov).

Sincerely,

A handwritten signature in blue ink that reads "Tereza Van Horn".

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**

ORIGINAL

12

1 **GPA**  
2 STEVEN B. WOLFSON  
3 Clark County District Attorney  
4 Nevada Bar #001565  
5 CHARLES THOMAN  
6 Deputy District Attorney  
7 Nevada Bar #12649  
8 200 Lewis Avenue  
9 Las Vegas, NV 89155-2212  
10 (702) 671-2500  
11 Attorney for Plaintiff

FILED IN OPEN COURT

OCT 13 2016

STEVEN D. GRIERSON  
CLERK OF THE COURT

BY

DENISE M. DURON

DEPUTY

DISTRICT COURT  
CLARK COUNTY, NEVADA

C-16-318516-1  
GPA  
Guilty Plea Agreement  
4590716



9 THE STATE OF NEVADA,  
10 Plaintiff,

11 -vs-

12 AYLIN PEREZ, #7032759  
13 Defendant.

CASE NO: C-16-318516-1

DEPT NO: IV

**NSBMT**

FEB 17 2022

**RECEIVED**

15 GUILTY PLEA AGREEMENT

16 I hereby agree to plead guilty to: ATTEMPT FORGERY (Category E Felony/Gross  
17 Misdemeanor - NRS 205.110, 205.090, 193.330 - NOC 50483/50484), as more fully alleged  
18 in the charging document attached hereto as Exhibit "1".

19 My decision to plead guilty is based upon the plea agreement in this case which is as  
20 follows:

21 The State has no opposition to probation. If Defendant has no prior gross misdemeanor  
22 and/or felony convictions, both parties stipulate to gross misdemeanor treatment. If Defendant  
23 is successful and honorably discharged from probation she may withdraw her plea and plead  
24 guilty to PETIT LARCENY (Misdemeanor - NRS 205.240 - NOC 50535) with credit for time  
25 served.

26 I agree to the forfeiture of any and all weapons or any interest in any weapons seized  
27 and/or impounded in connection with the instant case and/or any other case negotiated in  
28 whole or in part in conjunction with this plea agreement.

A



1 AINF  
2 STEVEN B. WOLFSON  
3 Clark County District Attorney  
4 Nevada Bar #001565  
5 ROBERT B. TURNER  
6 Chief Deputy District Attorney  
7 Nevada Bar #006526  
8 200 Lewis Avenue  
9 Las Vegas, Nevada 89155-2212  
10 (702) 671-2500  
11 Attorney for Plaintiff

DISTRICT COURT  
CLARK COUNTY, NEVADA

9 THE STATE OF NEVADA,

10 Plaintiff,

11 -vs-

12 AYLIN PEREZ,  
13 #7032759

14 Defendant.

CASE NO. C-16-318516-1

DEPT NO. IV

AMENDED

INFORMATION

15 STATE OF NEVADA }  
16 COUNTY OF CLARK } ss:

17 STEVEN B. WOLFSON, District Attorney within and for the County of Clark, State  
18 of Nevada, in the name and by the authority of the State of Nevada, informs the Court:

19 That AYLIN PEREZ, the Defendant(s) above named, having committed the crime of  
20 PETIT LARCENY (Misdemeanor - NRS 205.240 - NOC 50535), on or about the 17th day  
21 of June, 2016, within the County of Clark, State of Nevada, contrary to the form, force and  
22 effect of statutes in such cases made and provided, and against the peace and dignity of the  
23 State of Nevada, did then and there willfully and unlawfully, with intent to deprive the owner

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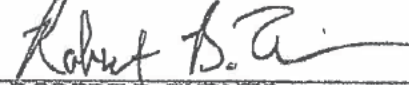
28 ///



1 permanently thereof, steal, take and carry away lawful money of the United States in an  
2 amount less than \$650.00, the property of V&M MESSENGER SERVICES INC. and/or  
3 BANK OF AMERICA.

4  
5 STEVEN B. WOLFSON  
6 Clark County District Attorney  
7 Nevada Bar #001565

8 BY



9 ROBERT B. TURNER  
10 Chief Deputy District Attorney  
11 Nevada Bar #006526

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DA#16F10061X/cg/L3  
LVMPD EV#1606173174  
(TK2)





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

March 1, 2022

Aylin D. Sanchez-Perez  
2640 Sumac Ln.  
Las Vegas, NV 89121

Re: DISPOSITION OF RECORD

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Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn  
Executive Assistant  
Enclosed

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**





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Email: [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

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

February 28, 2022

Aylin D. Sanchez-Perez

2640 Sumac Ln.

Las Vegas, NV 89121

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. Sanchez-Perez:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting(s) on March 30, 2022. There will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Zoom sign-in available at 8:30 a.m.

Register in advance for both meetings:

<https://us06web.zoom.us/j/84202990113?pwd=ZDM2c25scnhBbmRydlRlS1hwS2d1QT09>

Meeting ID: 842 0299 0113

Password: 993954


The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,

  
Sandra J. Anderson  
Executive Director

9489 0090 0027 6421 4194 10