

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: March 30, 2022

APPLICANT: Raeann M. Rigiroszi

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

Approved

Probation

Denied

Tabled

PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

<input checked="" type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input checked="" type="checkbox"/> B. Refrain from providing outcall services.
<input checked="" 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 checked="" type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input checked="" 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.



NSBMT

FEB 7 2022

RECEIVED

Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmessagebd@imt.nv.gov
Website: <http://massagetherapy.nv.gov>

TERMINATION OF PROBATION

Please type or print legibly all portions of this application for termination of probation. Please complete this document in its entirety and return the original to the Nevada State Board of Massage Therapists at the address shown above. Use N/A for items not applicable. Incomplete applications will not be processed.

Applicant Name Last Rigirozzi	First Laean	Middle Initial M
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List all other names previously or currently being used by you

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:

Business Address

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Gender Male _____ Female

Social Security Number _____ Date of Birth _____ Place of Birth **Peabody Co**

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: **Nevada State Board of Massage Therapy**

Name and Address of Employer/supervisor: **Canyon Ranch Spa Club
3355 S. Lullwater Los Vegas NV 89107**

Reason for action: **D.U.I. 2015**

Valerie Reynolds

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





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

Affidavit of Applicant / Authorization of Release

Racani Rigiroszi, 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 authorize all institutions or organizations, including educational institutions and organizations, my references, 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 Therapists any information, files or records required by the Nevada State Board of Massage Therapists in connection with processing this application for termination of Probation.

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 in the State of Nevada.

Signature of Applicant: Racani Rigiroszi Date: 12/13/21

State of Nevada
 County of Clark Los Vegas

Signed and sworn to before me this 1st day of FEBRUARY 2022 by RIGIROZZI
REANN MARIE, who personally appeared before me.

Hasnain
 Notary Public Signature
03/05/2024
 Notary commission expiration date



14. Reconsideration of probation Raeann Rigirozzi NVMT #10452. (For Discussion and Possible Action)

Raeann Rigirozzi was not present. The Board reviewed the email statement provided by Ms. Rigirozzi and discussed the original decision made by the Board.

Bob Oliver motioned to leave the probation as it is, seconded by Lorna Benedict. Motion carried unanimously.

[REDACTED]

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- o. Review Application for Raeann M. Rigirozzi. (For Discussion and Possible Action)

Raeann M. Rigirozzi was present.

Chair Huleva swore in Raeann M. Rigirozzi.

Management Analyst Tereza Van Horn - Ms. Rigirozzi's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Rigirozzi was arrested on September 28, 1997 by Pueblo Police Department for DUI/DWAI; April 11, 1999 by Pueblo Police Department for Assault; June 13, 2000 by Pueblo Police Department for DUI; May 26, 2011 by Henderson Police Department for Battery/Domestic Violence and April 9, 2015 by Las Vegas Metro Police Department for DUI. Ms. Rigirozzi is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to deny this application or approve a probationary license for four (4) years with restrictions.

Diane Huleva motioned to approve application with a four (4) year probation with the following restrictions: report all contact with law enforcement personnel within forty-

eight (48) hours after such contact occurs, refrain from providing outcall services, submit employment offers to the staff of the Board for review and approval, notify the Board of any changes in her employment, submit to the Board a complete set of fingerprints each year of renewal at licensee's expense, complete an ethics course within ninety (90) calendar days of licensure, attend probation orientation, responsible for all administrative fees incurred by the Board as a result of their probation compliance, notify any change in address or phone number to the Board office within fifteen (15) days, cooperate fully with Board staff to administrate terms of probation and comply with all laws governing massage therapy, seconded by April Whiting. Motion carried unanimously.

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