

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: August 10, 2022

APPLICANT: Lei Wang

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Wang's massage application is before you today for review that could not be approved administratively. [REDACTED]

[REDACTED]

[REDACTED] Ms. Wang is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

- Approved
- Denied – NRS 640C.700(1)(4)(9) and/or (11) and NAC 640C.410 (1)(a)(q)
- Probation – NRS 640C.700(1)(4)(9) and/or (11) and NAC 640C.410 (1)(a)(q)
- 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, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

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

Massage Therapy Application

Structural Integration Practitioner Massage Therapist Reflexologist

Type or print legibly all portions of this application. Incomplete applications will not be processed.

Section 1: Personal Information

Applicant Name: Last Wang First Lei Middle Initial _____

List all other names previously or currently being used by you: _____

Residence address (do not list post office boxes or mailbox drop addresses):
Street _____

Previous address (if less than 1 year):
Street _____ City _____ State _____ Zip _____

Mailing address (if different than the residence address):
Street or PO Box same City _____ State _____ Zip _____

Social Security Number: _____ Date of Birth: _____ Place of Birth: China

Home Phone: N/A Cell Phone: _____ Business Phone: N/A Gender: Male Female

Business Name: N/A

Business Address:
Street _____ City _____ State _____ Zip _____

Email Address: _____

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

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.

Paid \$	QB	For Office Use Only: Date Sent	Tracking
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Section 3: Licensure Information

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexologist and/or Structural Integrationist. Please attach another sheet of paper if you need more room.

* A Certified Statement from State Licensing Authority must be completed for each state where you have held a license.

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

Check here if you are actively licensed in any state or jurisdiction.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)

Section 4: Massage Training and Education -- All massage, reflexology or structural education must be listed below. (Failure to disclose all education could result in an application denial)

Request official transcripts from the registrar of your school(s) and have them mailed directly to the Nevada State Board of Massage Therapy.

A certificate of completion (diploma) will need to be submitted for each massage, reflexology or structural integration program you completed.

Name of School	City and State	Years From and To (YYYY-YYYY)	Hours Completed
Fuzuba School of Massage	Las Vegas, NV	2020	550

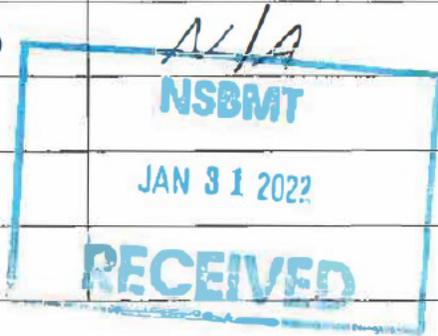
Section 5: National Exam Information -- All massage, reflexology or structural exams must be listed below. (Failure to disclose all exams taken could result in an application denial)

MBLEX NCETM NCETMB CESI ITEC ARCB IIR NCBTMB-R

Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, CESI, ITEC, ARCB, IIR or NCBTMB-R.

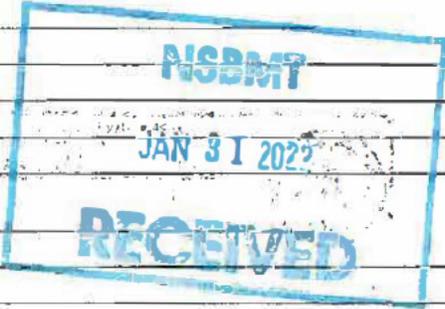
The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY) If applicable
Las Vegas, NV	7/22/2020	N/A



You must answer all of these questions by checking the appropriate "Yes" or "No" box.
 If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

Section 6: Application Screening Questions (use additional sheets of paper if needed)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: (required)</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>_____</p> <p>*Reason for action: _____</p> <p>_____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>_____</p> <p>*Reason for action: _____</p> <p>_____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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 <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary)</p> <p>_____</p> <p>_____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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:</p> <p>(a) Made sexual advances toward the person;</p> <p>(b) Requested sexual favors from the person; or</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: (required)</p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>_____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>_____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p>



If you have answered "Yes" to any of the questions above, you **MUST** include:

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) for each accusation or arrest.
2. Receipts for all fines or penalties showing that they have been paid for each accusation or arrest. You need to contact the court or the licensing agency.
3. Dispositions from the court(s) you appeared before regarding the arrest dates.

Affidavit of Applicant / Authorization of Release

I 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.

Signature of Applicant: Lei Wang Date: 1/24/22

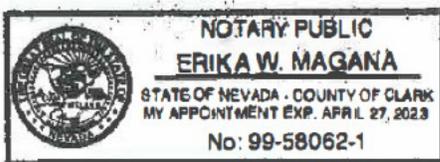
State of Nevada County of Clark

Signed and sworn to before me this 24 day of January 2022

Lei Wang who personally appeared before me.

[Signature] Notary Public Signature 4/27/23 Notary commission expiration date

(Official Stamp)





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@mt.nv.gov

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

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.

Structural Integration Practitioner Massage Therapist Reflexologist

Nevada Veteran Data

Are you currently active or a spouse of an active service member? Yes No

Are you currently licensed in any state or jurisdiction? Yes No

Have you ever served in the military? Yes No

If Yes, check all that apply:

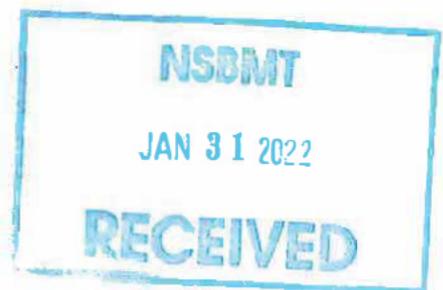
Branch(es) of Service:

<input type="checkbox"/> Army/Army Reserve	<input type="checkbox"/> Marine Corps/Marine Corps Reserve
<input type="checkbox"/> Navy/Navy Reserve	<input type="checkbox"/> Air Force/Air Force Reserve
<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard/Coast Guard Reserve

Military Occupation Specialty/Specialties: _____

Date(s) of Service: From _____ (DD/MM/YYYY) To _____ (DD/MM/YYYY)

If you are a veteran and have been licensed by another jurisdiction you may qualify for license by endorsement. Please read NRS 640C.426.





Nevada Department of
Public Safety
 Fingerprint Background Waiver



As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Massage Therapy (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
_____	_____
<i>Initial</i>	<i>Date</i>



Transcript
 3884 Schfff Dr,
 Las Vegas, NV 89103

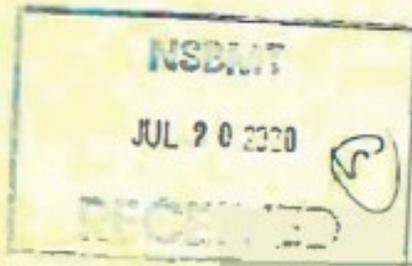
Student: Lei Wang SSN: Gender: Female Birth Date: Start Date: 12/05/2019 Graduation Date: 07/06/2020	Grade: 3.08 Total Earned Hours: 550
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FUZUBA 12/2019 Class		NV Massage Training Program 550-Hr		GPA: 3.08	
Course	Marks	Grade	Credits	Earned	
1219 Unit A: Anatomy, Physiology, & Kinesiology	86	B	125	125	
1219 Unit B: Theory and Practice of Massage	88	B+	220	220	
1219 Unit C: Other Modalities of Massage Therapy		B-	125	125	
1219 Unit D: Pathology for Massage Therapists	82	B-	40	40	
1219 Unit E: Standards of Professional Practice	92	A-	40	40	
ITEC Massage 17863		I	0		
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-	66-69 = 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	



Certificate of Graduation

I certify that that Ms. Lei Wang, having successfully completed the 550 hour Professional Practice of Therapeutic Massage training program, is hereby awarded the Certificate of Graduation this sixth day of July, 2020 with all the rights and responsibilities thereto pertaining .



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

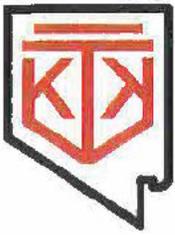
119349/2132/119317/120169 Lei Wang - E119349

Level 3 Diploma in Holistic Massage (603/4097/6) 2132

Pass

10/08/2020 Fu Zu Ba School of Massage and Reflexology (XS00377)





KIRK T. KENNEDY

ATTORNEY AT LAW

Licensed in Nevada since 1993

815 S. Casino Center Blvd.,
Las Vegas, NV 89101

Phone: (702) 385-5534
Facsimile: (702) 385-1869
Email: ktkennedylaw@gmail.com

January 27, 2022



Nevada State Board of Massage Therapy
1755 E. Plumb Lane, Ste. 252
Reno, NV 89502

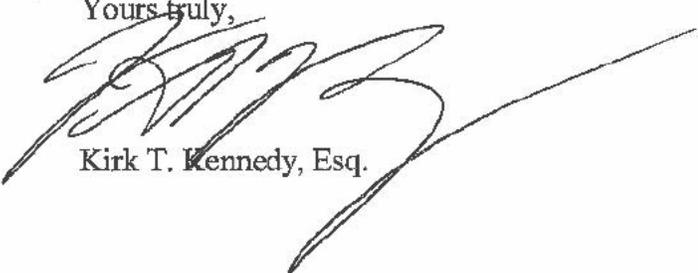
Re: Application of Lei Wang

Dear Board:

Please be advised that I am Counsel for Ms. Lei Wang and I am assisting with her application. Regarding the application, please note that Ms. Wang received an Order Sealing Records from the Las Vegas Justice Court which effectively sealed her 2017 arrest for soliciting prostitution in Las Vegas Justice Court case number 17M26102X. That prior criminal case resulted in a dismissal by the Court. The record sealing order was filed in the Las Vegas Justice Court on November 3, 2021, in case number 21S-0462.

Based on the foregoing, she has answered in the negative regarding the question in Section 6 as to prior arrests for this type of activity. Under Nevada law, Ms. Wang's sealed record, though disclosed now by this letter, should not be used or considered as a factor in her application process. Thank you.

Yours truly,


Kirk T. Kennedy, Esq.



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

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

May 4, 2022

Lei Wang

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. Wang:

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 on June 8, 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:

<https://us06web.zoom.us/j/86823524551?pwd=ZkJEWhDRWsOQWNYSWZvRm5tY0w5dz09>

Meeting ID: 868 2352 4551

Password: 854386

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,

A handwritten signature in blue ink, appearing to read "Sandra J. Anderson", with a stylized flourish at the end.

Sandra J. Anderson
Executive Director

COPY

9489 0090 0027 6421 4192 67

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9. Background Review Request per NRS 622.085 Lei Wang. (For Discussion and Possible Action)

Lei Wang was present and represented by legal counsel Kirk Kennedy. Interpretation services were provided by Wai Mei Borgel.

Legal counsel addressed the Board noting that Ms. Wang's prior history did not automatically disqualify her for licensure.

Tereza VanHorn provided the written Background Review Request to the Board for Lei Wang. Ms. Wang is requesting a background review based on NRS 622.085. Ms. Wang was arrested for solicitation/engage in prostitution on October 17, 2017, by Las Vegas Metropolitan Police Department.

Motioned by Elisabeth Barnard to preliminarily deny based on NRS 640C.700 (4)(6) and (9) based on the information that we have before us today June 16, 2021, seconded by Karen Kramberg. Motioned carried unanimously.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Lei Wang

November 5, 2020

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



Dear Ms. Van Horn,

This letter is made in response to your October 8, 2020 letter re: Disposition of Record. In the letter, the Nevada State Board of Massage Therapy asked me to provide the following documents in support of my application: 1) a written narrative of the circumstances leading up to and the outcome of the incident on October 17, 2017; 2) receipts of all fines or penalties showing that they have been paid; and 3) disposition from the court I appeared at regarding the October 17, 2017 incident. The Board also asked me to comply with Board Staff for all requested documents, this topic will be address separately.

With respect to my narrative of the circumstances leading up to and the outcome of the incident on October 17, 2017, here is what had occurred. On October 17, 2017 I was working at a massage parlor known as Beijing Massage. This massage parlor is located at the intersection of Spring Mountain Road and South Jones Boulevard, and it currently closed. On the night in question, I was asked by my boss/supervisor to go into another room. When I arrived in the room, I saw my boss/supervisor talking to another individual, a client. The two had a lengthy conversation in English; I did not understand any of it because my English was not very good. Nevertheless, I stood in the room, waiting until I was needed. After the two had finished their conversation, my boss/supervisor hurried out of the room, I did not know why she had left. Before I had time to react, numerous individual in police uniform rushed in and arrested me. Fast forward to a couple of month, I appeared in front of the court regarding my arrest. While I do not understand the entire procedure that had occurred up until that point, I know that my case was dismissed after paying some fees.

With respect to the Board's request to submit receipts for all fines or penalties showing that fines have paid, please see the court minute and Disposition Notice and Judgment that are attached to this letter as exhibits. Based on those records, I did not pay any fines for this incident; the only thing I paid for was bond for my bail, which was subsequently ordered to be forfeited. Please see the court minutes and LVMPD record attached to this letter for further information.

With respect to the ultimately disposition of the case, the case was dismissed. Please see both the court minutes and LVMPD record attached to this letter for verification of this disposition.

Hopefully my letter and the explanations contained herein helps the Board better understand the circumstances surrounding the incident on October 17, 2017. Please contact me if there are any further confusion regarding this or any other matter. I eagerly await a positive disposition for my application to the Nevada State Board of Massage Therapy.

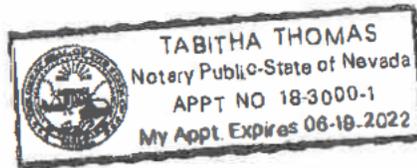
Sincerely,

Lei Wang
Lei Wang



State of Nevada
County of Clark
This instrument was acknowledged
before me by Lei Wang
on November 6, 2020

Tabitha Thomas





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

Referred for Collection

Date 2/4/2022

Amount \$ 500

Telephone: (801) 530-6528

Fax: (801) 530-6511

Website: www.dopl.utah.gov

101486

CITATION

ISSUED TO: Lei Wang		CASE #: 131210	
PROFESSION: Massage Unlicensed	LICENSE #: NONE		
DOB:	DL#:	SSN/EIN #:	
BUSINESS ADDRESS: 9351 S 1300 E	CITY: Sandy	STATE: Utah	ZIP: 84094
BUSINESS PHONE:	BUSINESS EMAIL:		
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	HOMEMAIL:		
LOCATION OF OFFENSE: 9351 S 1300 E, Sandy Utah 84094			
OFFENSE CODE	DATE OF OFFENSE: 11 / 19 / 2021	DATE ISSUED: 11 / 29 / 2021	
	DESCRIPTION		
58-1-501(1)(a)	Practicing or engaging in, representing oneself to be practicing or engaging in or attempting to practice any occupation or profession requiring relicensure under this title.		
REMARKS: On November 19, 2021, Baca responded to 9351 S 1300 E, Sandy Utah 84094 to perform license checks. Baca was greeted at the frontdoor by an Asian Female, later identified as Lei Wang, Wang asked Baca if he was there for a massage. Baca replied "yes and will you be performing the massage?" Wang responded, "Yes, I give good massage." Baca pointed to a reflexology sign near the front, and Wang asked, "You want foot or Full Body Massage?" Baca said "Full Body massage, and your are going to do it, right?" Wang said "Yes, follow me." Baca identified himself as a DOPL Investigator, and asked Weng to produce a valid State of Utah, Massage License. Ms. Wang suddenly said she could only understand Chinese. Baca confirmed Ms. Wang does not posses a State of Utah Massage License.			
PERSON SERVED: United States Postal Service		ISSUED BY: Mark D. Baca	
<input checked="" type="checkbox"/> FINE \$ 500.00	<input checked="" 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.		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
<u>USPS Michael</u> RECIPIENT'S SIGNATURE		<u>Mark D. Baca</u> INVESTIGATOR'S SIGNATURE	
<u>11 / 29 / 2021</u> DATE			

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 C, Chapter 4.
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 COPY



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

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

July 5, 2022

Lei Wang
C/O Kirk T. Kennedy
815 S. Casino Center Blvd.
Las Vegas, NV 89101

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. Wang:

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 on August 10, 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:

<https://us06web.zoom.us/j/82173853899?pwd=K3dVNDh1Y09jYnBJZ3oxQkFTSkdtUT09>

Meeting ID: 821 7385 3899

Password: 788395

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 821 7385 3899

Passcode: 788395

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.

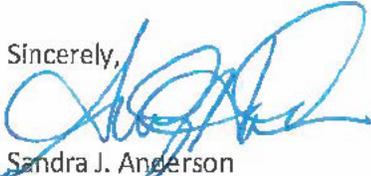
If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any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

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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

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