

**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	<a href="#">Document Detail</a>

## 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

#### pload

**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: <b>3.46</b> Total Earned Hours: <b>550</b>
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NV Massage Training Program 550-Hr				GPA: <b>3.46</b>	
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	80	A-	125	125	
Unit D: Pathology for Massage Therapists	97	A+	40	40	
Unit E: Standards of Professional Practice	100	A+	40	40	
<b>Total Credits</b>				<b>550</b>	

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



	<b>Notes</b> -Grade points are for comparison purposes only -ITEC scores are reported separately	<b>Signature of the Registrar</b> 
	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	

NSCMT  
DEC 28 2021  
RECEIVED



### Certificate of Graduation

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



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

*National Certification Board for  
Therapeutic Massage and Bodywork*

*Let It Be Known That*  
**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 McIntyre*

*Chair*

*Donna M. Lealey*

*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](mailto: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 License 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 therapists

Email Address: nvmessagebd@lmt.nv.gov

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

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

Email  Fax  Mail (Only one may be chosen)

LBMT0021 12/16/2020



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

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

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

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

Current status of license:

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

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

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

License/Registration/Certification Issued Based On:

A. Education Requirements:

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

Reciprocity - Board Approved based on licensure in the State of \_\_\_\_\_

Grandfather requirements



Other \_\_\_\_\_

**B. Testing:**

National Examination a.MBLE b.NCBTMB c.NCCAOM d.Other \_\_\_\_\_

State Examination

Signature  12/20/2021  
(LBMT Representative) Date

Print Name Travis Thibault



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 90032

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
03-2006 Now		ABC Chair Massage in RiverWalk Mall N.O. LA	Owner	
06-2006 Now		ABC Chair Massage in Pierre Bossier Mall Bossier City, LA	Owner	
1995 Now		Success Ind'c Corp. 2812 107th pc. SE Everett, WA 98208	Owner / Expert	Quit
04-2003	02-2005	Miyako Massage Las Vegas NV	Manager Assistant	Quit

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

Any type of felony: YES \_\_\_\_\_ NO

Any sexually related misdemeanor: YES \_\_\_\_\_ NO



IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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





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 BANKS 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 -----



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: 5500000077125116  
 Process Date: 09/05/2012  
 Page: 1 of 3  
 GAO, TAO  
 For authorized use by:  
 NEVADA STATE BOARD OF MASSAGE  
 THERAPY

## 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):



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: 5500000077125116  
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 Page: 2 of 3  
 GAO, TAO  
 For authorized use by:  
 NEVADA STATE BOARD OF MASSAGE  
 THERAPY

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



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GAO, TAO  
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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**



UT

### 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 # 7173457-4701

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>
<b>OFFENSE CODE</b>	<b>DESCRIPTION</b>	
<u>58-1-501(1)(c)</u>	<u> knowingly employing any other person to practice or engage in an 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 (DDPL Investigator Vince Casen) was offered a massage by Jianhui Guo at Aurora Massage and Spa for \$70 per hour or \$50 per half hour massage.</u> <u>Jianhui 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 Jianhui 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>Vince Casen</u>
<input checked="" type="checkbox"/> FINE (See schedule) \$ <u>1000</u>	<input 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>Vince Casen</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**

NSBMT  
MAR 01 2007



**Nevada State Board of Massage Therapists** **Received**  
 1755 E. Plumb Lane Suite 252  
 Reno, NV. 89502  
 email: [nvmassagebd@state.nv.gov](mailto: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 <b>GAO</b>		First <b>TAO</b>	Middle Initial
List all other names previously or currently being used by you <b>Edward GAO</b>			
Residence address (do not list Post Office boxes or mail box 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: <b>TAO GAO</b>			
Business Address			
Street	City	State	Zip
Home Phone	Call Phone	Business Phone	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth	Place of Birth <b>China</b>	

**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
<b>Louisiana state</b>	<b>LA 3862</b>	<b>Oct. 3, 2006</b>	<b>Dec. 31, 2007</b>

**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: \_\_\_\_\_

NSBMT

MAR 08 2005

Received

# ACUPUNCTURE AND MASSAGE INSTITUTE OF AMERICA

6513 WHITTIER BLVD, LOS ANGELES, CA 90022

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

## CERTIFICATE OF COMPLETION

(MASSAGE THERAPIST)

STUDENT NAME: GAO, TAO      SEX: M      SSN:  
ADDRESS:  
DATE OF BIRTH:      PHONE: :  
START DATE: 04-01-2005      DATE OF COMPLETION: 07-05-2005

SUBJECT	HOURS	GRADE
<b>I. ADVANCED MASSAGE II</b>	<b>500</b>	<b>B</b>
<b>A. FOOT REFLEXOLOGY</b>	<b>250</b>	<b>B</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>B. AURICULAR DIAGNOSIS AND TREATMENT</b>	<b>250</b>	<b>B</b>
5. <u>Pathology</u>	40	
6. <u>Location of Auricular Points</u>	25	
7. <u>Function of Auricular Points</u>	35	
8. <u>Auricular Diagnosis of Common Diseases</u>	50	
9. <u>Auricular Massage Treatment</u>	50	
(1) <u>Acupressure</u> (2) <u>Massage</u>		
10. <u>Treatment of Common Diseases</u>	50	
(1) <u>Internal Diseases</u> (2) <u>Gynecological Diseases</u>		
(3) <u>Pediatric Diseases</u> (4) <u>Orthopedic Diseases</u>		
(5) <u>Others</u>		

Date of Graduation: Total Hours: 500

\*finished clinical practice of foot reflexology massage 100 hours

*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) 888-1518 E-MAIL: AMIA@ACCESS.NI

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

*Yeping Wang*

President

*Yeping Wang*

Instructor