

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: August 10, 2022

APPLICANT: Ashley A. Pedraza
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

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

[REDACTED]

[REDACTED] Ms. Pedraza 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(3)
- Tablede
- Probation - NRS 640C.700(3)

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 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: OL211216074293

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 : PEDRAZA
First Name : ASHLEY
Middle Name : A.



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

No record found.

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 : USA **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 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
Fuzuba school of massage an reflexology	Las Vegas	2021 - 2021	550

Transcript(s)

Document Name	User Defined Document Name	Document Link
OL211216074293-172850-Transcript.pdf	FUZUBA-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
Itec	Las Vegas Nevada	12/17/2021

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
211216074293-172623-ScoreReportCard.pdf	ITEC	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 : PEDRAZA

First Name : ASHLEY

Middle Name : A.

Street : _____

City : _____

State : _____

Zip : _____

Date : 12/30/2021

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, **ASHLEY PEDRAZA** 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 : Ashley pedraza

Date : 12/31/2021

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
Photo	13875-172952-PEDRAZA, ASHLEY.jpg		
Transcript	OL211216074293-172850-Transcript.pdf	FUZUBA-TRANSCP	
Certificate of Completion	OL211216074293-172849-Certificate-of-Completion.pdf	FUZUBA-DIPL	
Score Report Card	211216074293-172623-ScoreReportCard.pdf	ITEC	
Social Security Card	OL211216073992-172482-Social-Security-Card.jpg		
Government Issued ID Card	OL211216073992-172481-Government-Issued-ID-Card.jpg		

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: Ashley Pedraza SSN: Gender: Female Birth Date: Start Date: 08/23/2021 Graduation Date: 12/17/2021	Grade: 3.41 Total Earned Hours: 550
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NV Massage Training Program 550-Hr			GPA: 3.41	
Course	Marks	Grade	Credits	Earned
Unit A: Anatomy, Physiology, & Kinesiology	98	A+	125	125
Unit B: Theory and Practice of Massage	85	B	220	220
Unit C: Other Modalities of Massage	85	B	125	125
Unit D: Pathology for Massage Therapists	87	B+	40	40
Unit E: Standards of Professional Practice	100	A+	40	40
Total Credits				550

Grading Scale				
97 - 100 = A+	93 - 96 = A	90 - 92 = A-	87 - 89 = B+	83 - 86 = B
80 - 82 = B-	77 - 79 = C+	73 - 76 = C	70 - 72 = C-	0 - 69 = F



	Notes -Grade points are for comparison purposes only -ITEC scores are reported separately	Signature of the Registrar
Not official without school seal IN ACCORDANCE WITH THE FAMILY EDUCATIONAL ACT OF 1974, THIS RECORD CANNOT BE RELEASED TO A THIRD PARTY WITHOUT THE CONSENT OF THE STUDENT		



Certificate of Graduation

I certify that Ashley Pedraza, 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

Cert Number 150547/2132/161058/162445 Student Ashley Pedraza - E150547 Qual Level 3 Diploma in Holistic Massage (603/4097/6) - 2132 Grade Pass Language English Issued 13/12/2021 Centre Fu Zu Ba School of Massage and Reflexology (X500377)





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>

February 1, 2022

Ashley A. Pedraza

Re: DISPOSITION OF RECORD

Dear Ms. Pedraza,

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 **07/31/2022**. 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.

Sincerely,

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

NBSMT

JUN 06 2022

RECEIVED

To NEVADA MASSAGE Board,

My name is Ashley Pedraza. I am writing this appeal pleading for an opportunity. I re-write this letter about 100 times, I just did not know how to start or even put the words together to express how much I want this license. I was denied due to my arrest about 10 years ago.

I can sit here and write about my childhood and how it affected me in many ways growing up, from being sexually abused, to watching my mom being beaten every day. But unfortunately we grew up and realize we could of went another way.

I was a young mom at 16 had my 5th child at 21. My mom always had custody of my oldest 3 since I was so young.

Long story short I was in a abusive relationship and at that point they was better off with her. During my invisible years of 21 I thought I had it all figured out. Boy I was wrong.

I was homeless in the street with 2 kids in a small town with little to no opportunity and no guidance. Fear of losing my 2 kids I never asked for help. I did what I learned from growing up around it and sold

RECEIVED

I WAS STARVING and so was my kids. My mom was so FAR AWAY my family WTS NO help at 21 Am not thinking about Resources that may have been A option.

I sold Drugs to get my Apartment and food thinking it WTS ok. I should OF asked for help I got SO Involved did not think OF my Children. Cops got Involved

I WAS ARRESTED Multiple times my kids were taken away By the State that's why I have so many Risk of Injury to minor. I missed up my whole life. After I spend some time in Jail About 2 months my kids WAS giving to my grandmas who then placed them for Adoption.

I fought for 2 years But Because I had so many years of probation. I was denied my kids They said "I did All I could But unfortunately Because It took me 2 year's to stand where I WAS I WAS A little LATE" I Am 34 and I CAN still hear them.

I was sentenced do 2 1/2 yrs suspended After 10 yrs probation it was A SLAP of Reality. After 5 years of probation I WAS ~~released~~ Released for Amazing behavior my officer did not think I needed to be supervised Any longer. I made it A mission to Change my life In hopes to see my kid's Once they Rec OF Age.

①

And I wouldn't be in the Same Boat.
 I have not Quilt trying to Be A
 Bolder Person, trying to be Successful
 And have A Real Life ~~with~~ ^{and} Making the
 Right Choices. I want to have A Home.
 A Career. I packed my whole life in a
 Honda Civic 4 years Ago and ended in
 Vegas to follow my dreams with a Fresh
 Start. I got stablized in a small apartment
 But it's been super hard finding a job
 that may give me A Career no matter
 how well I am doing my Background
 is A Issue. I fear getting in to
 trouble Jail scared me I don't
 even have A Ticket because I don't
 like even thinking of stepping foot
 in A Court house. I Double think
 Any Action I take in my life.

My life is coming together my 2
 oldest kids live with me in Vegas it's been
 Amazing But I can't survive on a 10 hr job
 Now even less with Rent Mike.

my Daughter ~~now~~ works in the same
 company as me right now and it's
 just Embarrassing to me I should be in
 A career job ~~and~~ I been stuck in A
 Metro by Landbike for 10 years I want to
 be A Nurse, CNA, MASSAGE therapist.

I was so young and dumb

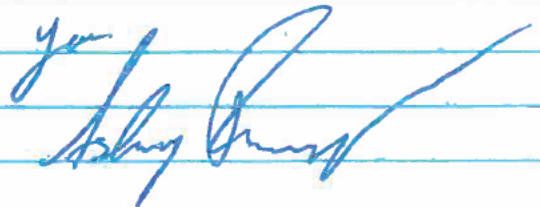
My MASSAGE CLASS was the Best thing
 I have done for myself I felt so Accomplished
 I did not know Till the end that

(4)

I was once again be denied
for something. I am trying to get
a pardon is just so expensive.

I Don't want to move Backwards In
my life. I know the System IS up
And Down But I Rehabilitated my
life to the best. I believe And
know that I Am the true
meaning of Rehabilitation.

I am truly Supplicating for this
Appeal. This letter with supper
emotional for me. So I apologize
for All the Bad grammar. IF I
Re Read or write it one more time
I will cheng things to sound more
professional but this is as pure as I can
get.

Thank you




03/31/2022 16:29

* CRMVS CASE/DEFENDANT LOOK-UP *
* CASE INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR02-0117625-S Defendant: PEDRAZA ASHLEY A

YO:

* This case is a Non-Disclosable Nolle *

This case was disposed of on 12/04/2002

Disposition Message:

Amount Owed:

\$0

PF1-M
PF1-9

PF1-R

PF1-C

PF1-3

PF1-4

PF1-5

PF1-6

PF1-7



03/31/2022 16:29

* CRMVS CASE/DEFENDANT LOOK-UP *
* CHARGE INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR02-0117625-S Defendant: PEDRAZA ASHLEY A

YO:

Charge	Records	1 through	1		Oc	PL	VF	Date	\$0 Costs
Chg	Statute	Number	Name	Type/Class					SOR DV
1	53a-181		BREACH OF PEACE	2ND DEG	M/B	1		NO 12/04/02	

PF1-M	PF1-R	PF1-C	PF1-2	PF1-3	PF1-4	PF1-5	PF1-6
PF1-9							

That Function Key is not currently active



03/31/2022 16:31

* CRMVS CASE/DEFENDANT LOOK-UP *
* CASE INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR11-0146464-S Defendant: PEDRAZA ASHLEY A

YO:

This case was sentenced on 05/14/2013, and was disposed of on 07/25/2013
Sentence Modification filed on 05/14/2013 and disposed on 12/30/2016
Probation Terminated
Prob Review filed on 03/12/2015, disposed on 04/07/2015, probation continued

Disposition Message: COST W PER MOUKAWSHER 72513 Amount Owed: \$0

PF1-M	PF1-R	PF1-C	PF1-3	PF1-4	PF1-5	PF1-6	PF1-7
PF1-8	PF1-9						

NSBMT
JUN 06 2022
RECEIVED

03/31/2022 16:31

* CRMVS CASE/DEFENDANT LOOK-UP *
* CONVICTED INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR11-0146464-S Defendant: PEDRAZA ASHLEY A

YO:

Disclosable Charges

Chg	Statute Number / Name / Type/Class	Oc	PL	VF	Date	SOR	DV	\$20 Costs W
* 1	21a-277(a) SALE OF HALLUCINOGEN/NARCOTIC	F/U	1	GY	GY	05/14/13		
C/C 5	10 Yrs Jail Execution Suspend							5 Yrs Probation

PF1-M
PF1-7

PF1-R
PF1-8

PF1-C
PF1-9

PF1-2

PF1-3

PF1-4

PF1-5

PF1-6





Friday,
July 15, 2022
Docket Search
by Court Location

Criminal/Motor Vehicle Conviction Case Detail

Information is accurate as of July 15, 2022 05:08 AM

Friday,
July 15, 2022
Docket Search
by Defendant

Defendant Information	
Last, First: PEDRAZA ASHLEY A	Represented By:
Birth Year:	

Pending Cases
Search by Defendant

Docket Information			
Docket No:	W11D-CR11-0146464-S	Original Arresting Agency:	LOCAL POLICE WILLIMANTIC
Court:	Danielson GA 11 and JD	Original Arrest Date:	10/26/2011
Costs:		Sentenced Date:	5/14/2013

Pending Cases
Search by Docket Number

Convictions Search
by Defendant

Overall Sentence Information
A Probation Review was disposed of on 04/07/2015, probation was continued
Probation Terminated

Convictions Search
by Docket Number

Attorney/Firm Case List

Statute	Description	ClassType	Occ	Offense Date	Plea	Verdict	Finding	Verdict Date	Fine	Fee(s)
21a-277(a)	Sale Of Hallucinogen/Narcotic	U	Felony	1	10/26/2011	Guilty	Guilty	5/14/2013	\$0.00	\$0.00
Sentenced: 10 Years Jail, Execution Suspended, Probation 5 Years										

Attorney/Firm Look-up
Numbers

GA Court Phone
Numbers

Modified Sentence Information										
Statute	Description	ClassType	Occ	Offense Date	Plea	Verdict	Finding	Verdict Date	Fine	Fee(s)
21a-277(a)	Sale Of Hallucinogen/Narcotic	U	Felony	1	10/26/2011	Guilty	Probation Terminated	12/30/2016	\$0.00	\$0.00

JD Court Phone
Numbers

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03/31/2022 16:30

* CRMVS CASE/DEFENDANT LOOK-UP *
* CASE INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR10-0141467-S Defendant: PEDRAZA ASHLEY A

YO:

This case was sentenced on 05/14/2013, and was disposed of on 07/18/2013
Sentence Modification filed on 05/14/2013 and disposed on 12/30/2016
Probation Terminated
Prob Review filed on 03/12/2015, disposed on 04/07/2015, probation continued

Disposition Message:

Amount Owed: \$0

PF1-M	PF1-R	PF1-C	PF1-3	PF1-4	PF1-5	PF1-6	PF1-7
PF1-8	PF1-9						



03/31/2022 16:30

* CRMVS CASE/DEFENDANT LOOK-UP *
* CONVICTED INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR10-0141467-S Defendant: PEDRAZA ASHLEY A

YO:

Disclosable Charges

Chg	Statute Number / Name / Type/Class	Oc	PL	VF	Date	\$20 Costs	SOR	DV
* 1	53-21(a)(1) RISK OF INJURY TO CHILD	F/C	1	GY	GY 05/14/13			
C/C 5	10 Yrs Jail Execution Suspend							5 Yrs Probation

PF1-M	PF1-R	PF1-C	PF1-2	PF1-3	PF1-4	PF1-5	PF1-6
PF1-7	PF1-8	PF1-9					





State of Connecticut Judicial Branch



Friday,
July 15, 2022
Docket Search
by Court Location

Criminal/Motor Vehicle Conviction Case Detail

Information is accurate as of July 15, 2022 05:08 AM

Friday,
July 15, 2022
Docket Search
by Defendant

Defendant Information	
Last, First: PEDRAZA ASHLEY A	Represented By:
Birth Year: 1986	

Pending Cases
Search by Defendant

Docket Information			
Docket No:	W11D-CR10-0141467-S	Original Arresting Agency:	LOCAL POLICE WILLIMANTIC
Court:	Danielson GA 11 and JD	Original Arrest Date:	4/7/2010
Costs:	\$20.00 Paid	Sentenced Date:	5/14/2013

Pending Cases
Search by Docket Number

Convictions Search
by Defendant

Overall Sentence Information
A Probation Review was disposed of on 04/07/2015, probation was continued
Probation Terminated

Convictions Search
by Docket Number

Attorney/Firm Case List

Attorney/Firm Look-up
Numbers

Statute	Description	Class Type	Occ	Offense Date	Plea	Verdict	Finding	Verdict Date	Fine	Fee(s)
53-21(a)(1)	Risk Of Injury To Child	C	Felony	1	5/1/2008	Guilty	Guilty	5/14/2013	\$0.00	\$0.00
Sentenced: 10 Years Jail, Execution Suspended, Probation 5 Years										

GA Court Phone
Numbers

Modified Sentence Information										
Statute	Description	Class Type	Occ	Offense Date	Plea	Verdict	Finding	Verdict Date	Fine	Fee(s)
53-21(a)(1)	Risk Of Injury To Child	C	Felony	1	5/1/2008	Guilty	Probation Terminated	12/30/2016	\$0.00	\$0.00

JD Court Phone
Numbers

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03/31/2022 16:30

* CRMVS CASE/DEFENDANT LOOK-UP *

CR11CA01

CR39

* CASE INFORMATION *

FTA2967:

Dkt No: W11D-CR11-0145927-S Defendant: PEDRAZA ASHLEY A

YO:

This case was sentenced on 05/14/2013, and was disposed of on 07/25/2013
 Sentence Modification filed on 05/14/2013 and disposed on 12/30/2016
 Probation Terminated
 Prob Review filed on 03/12/2015, disposed on 04/07/2015, probation continued

Disposition Message: COST W PER MOUKAWSHER 72513 Amount Owed: \$0

PF1-M	PF1-R	PF1-C	PF1-3	PF1-4	PF1-5	PF1-6	PF1-7
PF1-8	PF1-9						



03/31/2022 16:30

* CRMVS CASE/DEFENDANT LOOK-UP *
* CONVICTED INFORMATION *

CR11CA01
FTA2967:

CR39

Dkt No: W11D-CR11-0145927-S Defendant: PEDRAZA ASHLEY A

YO:

Disclosable Charges

Chg	Statute Number / Name / Type/Class	Oc	PL	VF	Date	\$20 Costs	W
* 1	21a-277(a) SALE OF HALLUCINOGEN/NARCOTIC	F/U	1	GY	GY	05/14/13	
C/C 5	10 Yrs Jail Execution Suspend						5 Yrs Probation
* 2	53-21(a)(1) RISK OF INJURY TO CHILD	F/C	1	GY	GY	05/14/13	
C/C 2	10 Yrs Jail Execution Suspend						5 Yrs Probation

PF1-M	PF1-R	PF1-C	PF1-2	PF1-3	PF1-4	PF1-5	PF1-6
PF1-7	PF1-8	PF1-9					





State of Connecticut Judicial Branch



Friday,
July 15, 2022
Docket Search
by Court Location

Criminal/Motor Vehicle Conviction Case Detail

Information is accurate as of July 15, 2022 05:08 AM

Friday,
July 15, 2022
Docket Search
by Defendant

Defendant Information

Last, First: PEDRAZA ASHLEY A
Birth Year: 1986

Represented By:

Pending Cases
Search by Defendant

Docket Information

Docket No: W11D-CR11-0145927-S Original Arresting Agency: LOCAL POLICE WILLIMANTIC
Court: Danielson GA 11 and JD
Costs: Original Arrest Date: 8/29/2011
Sentenced Date: 5/14/2013

Pending Cases
Search by Docket Number

Convictions Search
by Defendant

Overall Sentence Information

A Probation Review was disposed of on 04/07/2015, probation was continued
Probation Terminated

Convictions Search
by Docket Number

Attorney/Firm Case List

Attorney/Firm Look-up
Numbers

Statute	Description	ClassType	Occ	Offense Date	Plea	Verdict Finding	Verdict Date	Fine	Fee(s)
21a-277(a)	Sale Of Hallucinogen/Narcotic	U	Felony	1 8/29/2011	Guilty	Guilty	5/14/2013	\$0.00	\$0.00
Sentenced: 10 Years Jail, Execution Suspended, Probation 5 Years									
53-21(a)(1)	Risk Of Injury To Child	C	Felony	1 8/29/2011	Guilty	Guilty	5/14/2013	\$0.00	\$0.00
Sentenced: 10 Years Jail, Execution Suspended, Probation 5 Years									

GA Court Phone
Numbers

Modified Sentence Information

Statute	Description	ClassType	Occ	Offense Date	Plea	Verdict Finding	Verdict Date	Fine	Fee(s)
21a-277(a)	Sale Of Hallucinogen/Narcotic	U	Felony	1 8/29/2011	Guilty	Probation Terminated	12/30/2016	\$0.00	\$0.00
53-21(a)(1)	Risk Of Injury To Child	C	Felony	1 8/29/2011	Guilty	Probation Terminated	12/30/2016	\$0.00	\$0.00

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February 9, 2022

To Whom it may concern:

I am writing this letter to be character witness for, Ashely Pedraza, so that she will be approved to get a professional State License for Massage Therapist in the State of Nevada.

My name is Thelma Wynette VanAusdal. I was the instructor for Ashley Pedraza, at FuZuBa Massage School.

Ashely Pedraza, was a very good student and was rarely late to class or absent. She was the most interactive student in the classroom, not only for herself, but was also a support to her fellow students. She helped with classroom learning in many ways, and was a great help to many students who were struggling.

Ashley is very professional and serious about massage therapy; she has found a passion for being in this industry and I am confident that she will be a great massage therapist and be in compliance with all laws concerning this field.

I am also confident that Ashley Pedraza, will go on to take extra courses to be the best at her profession.

Please consider Ashley Pedraza, a good candidate for this industry, she will be an asset and professional.

Thank you

T. Wynette VanAusdal, LMT.





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

Ashley A. Pedraza

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. Pedraza:

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.

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

COPY

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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