

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: August 10, 2022

APPLICANT: Shi Sheng

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Sheng's massage application is before you today for review that could not be approved administratively. Ms. Sheng was arrested on January 14, 2016, for prostitution by Indianapolis Metropolitan Police Department while performing a massage without an Indiana massage license. Ms. Sheng accepted a plea agreement of guilty with a suspended jail sentence, fines/fees of \$183.00, and had to complete 24 hours of community service. Terms were completed on February 27, 2017. In reviewing the Indiana Massage Board licensee database, Ms. Sheng is not licensed to practice in Indiana. Ms. Sheng 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(2)(3)(4) and/or (9) and NAC 640C.410 (1)(q)(r)(x)
- Probation – NRS 640C.700(2)(3)(4) and/or (9) and NAC 640C.410 (1)(q)(r)(x)
- Tabled

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

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

Required for Respondent:

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.



Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application : License Application
Application Number: OL220122102488

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 : SHENG

First Name : SHI

Middle Name :



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 :

Place of Birth : China

Date of Birth :

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 e

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
AMO SCHOOL NV	LAS VEGAS	2021 - 2022	650

eTranscript(s)

Document Name	User Defined Document Name	Document Link
OL220122102488-175471- Transcript.pdf	AMO SCHOOL-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
ITEC	LAS VEGAS NV	01/22/2022

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
OL220122102488-174884-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 : SHENG

First Name : SHI

Middle Name :

Street :

City

State

Zip

Date : 2/1/2022

Submitting Agency : Nevada State Board of Massage Therapy

Address : 1755 E. Plumb Ln. Suite 252, Reno, NV 89502

VETERAN

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

Have you ever served in the military: Yes No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

Military Occupation Specialty/Specialties:

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, **SHI SHENG** 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 : SHI SHENG

Date : 2/1/2022

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
Transcript	OL220122102488-175471-Transcript.pdf	AMO SCHOOLTRANSCP	
Certificate of Completion	OL220122102488-175470-Certificate-of-Completion.pdf	AMO SCHOOL-DIPL	
Score Report Card	OL220122102488-174884-ScoreReportCard.pdf	ITEC	
Photo	13932-173713-SHENG, SHI.jpg		
Social Security Card	OL220121032885-173342-Social-Security-Card.JPG		
Government Issued ID Card	OL220121032885-173341-Government-Issued-ID-Card.JPG		
Government Issued ID Card	OL220121032885-173340-Government-Issued-ID-Card.pdf		

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:



AMO School NV

4001 S DECATUR BLVD # 24, LAS VEGAS NV 89103
TEL: 702-280-7599 EMAIL: INFO@AMOSCHOOL.NV.COM
HTTP://WWW.AMONV.COM

Name: Shi Sheng

Student ID: AMP090721D32

CUM GPA: 2.0

Date of Birth:

Start Date: 09/07/2021

Graduation Date: 03/14/2022



Official Student Academic Transcript

Professional Massage Therapist Program 650 Hours			
285 Hours Theory		365 Hours Practicum	
SUBJECT	HRS	SUBJECT	HRS
1. Health & Safety	10	1. Swedish	75
2. Contraindications	16	2. Tuina Massage	75
3. Special Population	19	3. Reflexology	15
4. Traditional Chinese Medicine	20	4. Trigger Point	15
5. Meridian	10	5. Neuro Muscular	15
6. Anatomy & Physiology	105	6. Sport Massage	30
7. Kinesiology	20	7. Myofascial Release	15
8. Pathology	40	8. Hydrotherapy	15
9. Professional Business	20	9. Lymphatic Drainage	15
10. Professional Ethics	25	10. Chair Massage	15
		11. Clinic	80
Theory GPA	C	Practicum GPA	C

GPA: A 100-90%. B 89 - 80%. C 79 - 70%. D 69 - 65 F - Fail 64 - 0% T = Transfer

Instructor

Director

AMO School NV

NSBMT

MAR 17 2022

RECEIVED

This Certifies That

Shi Sheng

Has successfully completed the Program

Tuina Professional Massage Therapist (650 Hours)

As Developed by this School
And having shown proficiency is hereby awarded this

Diploma



AMO SCHOOL NV

Instructor

09/07/2021 - 03/14/2022

Date

Director



CertNumber	Student	Qual	Grade	Language	Issued
153501/2132/166941/168378	Shi Sheng - E153501	Level 3 Diploma in Holistic Massage (603/4097/6) - 2132	Pass	Simplified Chinese	24/02/2022

NSBMT
FEB 25 2022
RECEIVED



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: 5500000187915532
 Process Date: 03/28/2022
 Page: 1 of 1
 SHENG, SHI
 For authorized use by:
 NEVADA STATE BOARD OF MASSAGE
 THERAPY

SHENG, SHI - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: SHENG, SHI Gender: FEMALE
 Date of Birth:
 Home Address:
 Social Security Number:
 License: MESSAGE THERAPIST, NO LICENSE
 Professional School(s): AMO SCHOOL NV (2022)

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 BANK AS OF 03/28/2022

The following report types have been searched:			
Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	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

----- No Reports Found Based on the Subject Information Submitted -----



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>

March 28, 2022

Shi Sheng

Re: DISPOSITION OF RECORD

Dear Ms. Sheng,

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 **08/31/2022**. 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.

LAW OFFICES OF XIN CHEN, PC

160 West Carmel Drive, Suite 206, Carmel, Indiana 46032-7598

Tel: 317-580-0388

E-mail: chenxin0827@sbcglobal.net

Xin Chen, Attorney at Law
Admitted in Indiana

VIA US POST PRIORITY MAIL

May 19, 2022

Tereza VanHom
Executive Assistant
Nevada State Board of Massage Therapy
1755 E. Plumb Lane Suite 252
Reno, NV 89502

Re: Disposition of Record for Shi Sheng

Dear Sir/Madam:

My name is Xin Chen, and I am an attorney licensed and practicing in the State of Indiana.

I am instructed by Shi Sheng to mail you the documentation required in your letter of Disposition of Record to her dated on March 28, 2022 (copies attached herewith).

Please review attached documentation and let us know via email at chenxinlawoffice@gmail.com if you have question or if we can be of further assistance in this regard.

Sincerely,



Xin Chen

Enclosures

cc: Shi Sheng



Statement

TO WHOM IT MAY CONCERN:


On January 14, 2016, I was in an apartment at 8540 Woods Edge West Drive, Indianapolis, Indiana. I was brought there and hired to do massage business there, but I had no idea how this massage business would run or where we would get customers. I recall there was another Chinese girl there at the apartment too.

In the early afternoon, the male customer came for massage and we discussed service and agreed on price. I led him to a room, and I left the room for customer self-preparation. When I came back into the room, I found he took off all his clothes, I was surprised and asked him to put his underwear back on before I could do massage on him, because in massage business as a rule no customer is asked to take off all his or her clothes. However, before I realized it, all the sudden a few policemen rushed into the apartment and arrested me and another girl. A few days later on January 19, 2016, under the Cause# 49G04-1601-CM-002225 at the Marion Superior Court Criminal Division, I was officially charged for alleged prostitution, a misdemeanor under Indiana laws, which I did not do. As I recall, the whole thing to me, seems like a nightmare, and I was ambushed or entrapped for an alleged criminal activity which I did not commit. I later knew that the male customer was a plain-cloth policeman.

I made clear to my defense attorney then that I was innocent and alleged prostitution activity as charged never happened on that day. But I was not speaking good English and I certainly do not know a lot about criminal laws and defenses, my attorney explained his strategy and defenses to me, and he convinced me that I would have to enter into a sort of agreement with the government in order to wrap up this matter. Although most of what my attorney told me I did not quite understand at the time, I agreed on for an agreement with government. So I ended up with a plea agreement without fine and all jail time suspended on November 21, 2016. However, I paid court cost and did 24-hour community service work as required by the agreement. On February 27, 2017, the case was closed by finding my compliance with all terms of the plea agreement. Finally this matter or nightmare for me was ended.

Since completion of the matter and past five (5) years, I have been behaving as a good law-abiding citizen and never run afoul with laws and police again. Actually I hired an attorney to seal off my arrest and plea records in connection with said matter under Indiana laws, and this expungement petition is ongoing. At the time of the incident described above, I was new and naïve and I just did what I was told to do, I had no idea how to start a career as a massage therapist and what path I should follow, let alone legal requirements involved. After the incident, I do realize that I would have to go to class and obtain a professional license as a legit massage therapist. That is why I went to massage therapist school and successfully completed classes and exam required, now I duly apply for Nevada massage therapist license before your good board.

I swear under the penalty of perjury that statements and facts described above are true and correct from my best memory and knowledge.


By _____
Sheng, Shi (signed)

Date: 05/19/2022



DATE: 2/27/17

BAILIFF: AJ / SM / SS

Court Reporter: CC / [redacted]

HEARING ON MOTION MINUTES: _____

DEFT. Shi Sheng

49G04-1601-CM-002225

HEARING JUDGE: Judge Lisa Borges / [redacted] (PT) _____

Dismissed & Concluded Continued Vacated

by Deputy Prosecutor: [redacted] Edwards

Defendant in Person by counsel: [redacted] Coffey

[HJE] Defendant in Custody [HJE] Defendant Sworn [HJE] Defendant on Bond to Surety

WARRANTS

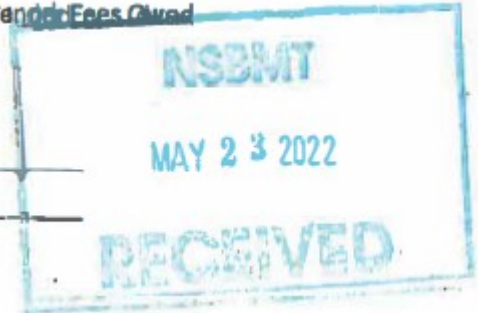
- [ADMFTA] Failure to Appear. Defendant _____
- [NOCPD] Notice of Order to Produce Defendant on Cash Bond [NOSP] Notice of Order to Produce Defendant on Surety Bond
- [NOSBF] Notice of Judgment of Bond Forfeiture Bench Warrant Recalled Bench Warrant Issued Hold without bail

WARRANT SURRENDERS

- [OTCOB] Order to terminate Notice to Produce on Cash Bond [OTSOP] Order to terminate Notice to Produce on Surety Bond
- [OSR] Order to release surety [OCOS] Surety is continued [OLS] Late Surrender Fees Owed
- [OFBO] Order to Forfeit Bond

HEARINGS

Future Hearing Type: _____ Date: _____ Time: _____
 Future Hearing Type: _____ Date: _____ Time: _____
 Interpreter: Yes Language Needed: _____



EVENTS/ORDERS

- [MTC] S / D Oral Motion to Continue [OGMTC] Granted: Oral Motion [ODMTC] Denied: Oral Motion [PAF] Plea Agreement Filed
- [OPIR] Order for Presentence Investigation Report [QCSINT] Interpreter Services Used [RWJ] Request to Waive Jury
- [ARJBOND] Court Sets Bond. 10% Cash Bond of _____ and/or Surety Bond of _____
 XC: Surety: _____ plus _____
- [MET] Defendant Requests a Speedy Trial. (70th Date): ____/____/____ [OGMET] Granting 70th Day
- [OPUD] ORDER APPOINTING PUBLIC DEFENDER (CMT): _____
- [QCSIC] Indigent Counsel Appointed at County Expense No Fee / Fee of _____
- [HJE] Factual basis submitted. Defendant agrees and court finds factual basis exists for plea. Court finds defendant understands rights and knowingly and voluntarily waives rights. Plea agreement accepted. Judgment of conviction entered as to count(s): _____
- [HJE] Court Vacates HJRT ____/____/____ at 9:00AM. [HJE] Parties confirm HJRT ____/____/____ at 9:00A.M.
- [ORCOA] Order to Release from Custody to be Held for Other Agency. _____
- [SBDQA] Upon Satisfaction of Bond, Defendant Held for Other Agency. _____ OVER
- [ORC] Order to Release from Custody. Defendant _____ as to this case only
- [OG] Order Granting. _____ [OD] Order Denying. _____
- [MAMI] State moves to Amend Information by Interlineation. Amendments made: _____

[OGMAMI] GRANTED: Motion Amend Info. by Interlineation [ODMAMI] DENYING: Motion Amend info. by Interlineation

ADDITIONAL MINUTES (HJE)

Defendant is in compliance. Case closed

FEB 27 2017

Magistrate

Anne Flannally
JUDICIAL OFFICER

OFFICIAL RECEIPT
Clerk of the Circuit Court
Marion County, IN

Payor
Sheng, Shi
Homeless
Indianapolis, IN 46201

Receipt No.
2016-26732-CCB

Transaction Date
11/21/2016

Description	Amount Paid
Sheng, Shi	
49G04-1601-CM-002225	
State of Indiana v. Shi Sheng	
Criminal Court Costs and Fees	183.00
Automated Record Keeping Fee- CR	19.00
Court Administration Fee - CR	5.00
Court Costs - City and Town - CR	3.60
Court Costs - County - CR	32.40
Court Costs - State - CR	84.00
DNA Sample Processing Fee - CR	2.00
Document Storage Fee - CR	5.00
Indianapolis Metropolitan Police	4.00
Judicial Insurance Adjustment Fee - CR	1.00
Judicial Salary Fee - CR	20.00
Jury Fee - CR	2.00
Public Defense Administration Fee - CR	5.00
SUBTOTAL	183.00
Remaining Balance Due: \$0.00	

PAYMENT TOTAL **183.00**

Cash Tendered	183.00
Total Tendered	<u>183.00</u>
Change	0.00

11/21/2016
02:16 PM

Cashier
Station 49ACCT9

Audit
66572153

OFFICIAL RECEIPT





Barnes United Methodist Church

900 West 30th Street
Indianapolis, Indiana 46208-5038

Reverend Charles R. Hartman
Senior Pastor

Reverend Kevin Mollory Sr.
Associate Pastor

February 7, 2017

To Whom It May Concern:

Subject Shi Shong Community Service Hours

DOB/GALLERY NO: 002225

Hannah McDade completed twenty-four (24.0) community service hours here at Barnes United Methodist Church. She started those hours on Saturday, February 4, 2017, and completed them on Tuesday, February 7, 2017.

If you need any more information regarding Ms. Shong's community service here at Barnes, please contact Ms. Patricia Johns at 317-923-9197. Ms. Song did janitorial and grounds keeping work during her community service time here at Barnes.

Yours in Christ,

Patricia Johns
Ms. Patricia Johns,
Community Service Coordinator

Correspondence reviewed. Please forward a copy to Daniel Coffey and Ms. Terrell.

Dore Flannery
Magistrate G4 2-8-2017





BARNES UNITED METHODIST CHURCH

900 West 30th Street
Indianapolis, IN 46208

• PHONE (317) 923-9197 • FAX (317) 931-8058 •

Community Service Work Record

Community Service Worker: Shi Sheng

Gallery Number/Date of Birth 002225

DATE: February 7, 2017 HOURS NEEDED: 24

DATE	IN	OUT	TOTAL HOURS	Supervisor's Signature	OFFICE USE ONLY			
2/4/17	8:00	4:00P	8.0	Patricia Johns				
2/5/17	10:00A	3:00P	5.0	Patricia Johns	(13)			
2/6/17	9:00A	5:00P	8.0	Patricia Johns				
2/7/17	9:00A	12:00P	3.0	Patricia Johns				
			INSERT MAY 23 2022 RECEIVED					
TOTAL HOURS COMPLETED			24.0	Patricia Johns				

Under penalty of perjury, I hereby swear that the total hours indicated above are a true and accurate representation of actual hours worked.



STATE OF INDIANA
COUNTY OF MARION
SENTENCING ORDER

NSBMT
MAY 23 2022
RECEIVED

FILED

212 NOV 21 2016

Myra A. Eickel
CLERK OF THE MARION CIRCUIT COURT

Case Name State of Indiana v. Shi Sheng		Case Number 49G04-1601-CM-002225	Court Marion Superior Court, Criminal Division 4	
Judicial Officer Flannely, Anna -MAG		Prosecutor Shaunestte Nicole Terrell	Defense Attorney Daniel J Coffey	
Date of Offense 01/14/2016	Date of Sentencing 11/21/2016	TCN Number 9530222251	Gallery Number 000000758897	

The Defendant was charged with the following crimes, resulting in the following Dispositions under the above-referenced cause:

PART I	CHARGES			
COUNT	CRIME	GOC	STATUTORY CITATION	DISPOSITION
I	35-45-4-2(1)/MA: Prostitution		35-45-4-2(1)	Plea by Agreement
II	35-45-4-2(1)/MA: Prostitution		35-45-4-2(1)	Charge Added in Error

As a result of the above convictions, the Court has sentenced the defendant as follows:

PART II	SENTENCE				
COUNT	SENTENCE	SUSPENDED	CONCURRENT	CONSECUTIVE	WITH (COUNT OR CASE NUMBERS)
I	0 Year(s) and 365 Day(s)	0 Year(s) and 361 Day(s)			

COUNT	CONFINEMENT TYPE	CONFINEMENT COMMENTS
I	County Jail	

The Defendant is to serve this sentence at: Marion County Jail

PART III	CREDIT TIME CALCULATION		
	TYPE	NUMBER OF ACTUAL DAYS CONFINED	CREDIT DAYS EARNED
	Incarceration (All Credit Days apply to Case Number 49G04-1601-CM-002225)	2	2

PART IV	SENTENCING CONDITIONS					
	CONDITION	DURATION	LOCATION	AMOUNT/COMMENT	EFFECTIVE	END
	Community Service			24 HOURS	11/21/2016	

The Court is assessing Court Costs and Fees in the amount of \$0.00 and a Monetary Award (if applicable) in the amount of\$. The authority for this Order and the breakdown of the costs and fees are as follows and are found in Indiana Code, Sections 33-37-4-1, -4 and 33-37-5-19.

PART V	MONETARY OBLIGATIONS	
Court Costs and Fees		
	Automated Record Keeping Fee - CR	\$19.00
	Court Administration Fee - CR	\$5.00
	Court Costs - City and Town - CR	\$3.60
	Court Costs - County - CR	\$32.40

Court Costs - State - CR	\$84.00
DNA Sample Processing Fee - CR	\$2.00
Document Storage Fee CR	\$5.00
Indianapolis Metropolitan Police	\$4.00
Judicial Insurance Adjustment Fee CR	\$1.00
Judicial Salary Fee- CR	\$20.00
Jury Fee CR	\$2.00
Public Defense Administration Fee - CR	\$5.00
Total:	\$0.00

Restitution		
In the Amount of \$.		
Awarded To:	Awarded Against:	Payable Through <input type="checkbox"/> Marion County Clerk <input type="checkbox"/> Marion County Probation
Comments:		

PART VI	ADDITIONAL SENTENCING INFORMATION
Date to Report for Incarceration: 11/21/2016	Additional Comments and Orders MARION COUNTY JAIL TO AWARD CREDIT TIME IN ACCORDANCE WITH INDIANA LAW. ACCRUED CREDIT: 1/14/16 TO 1/15/16= 2 DAYS; DEFENDANT RECEIVES 2 DAYS OF GOOD TIME CREDIT. 24 HOURS OF COMMUNITY SERVICE WORK. DEFENDANT TO RECEIVE 4 ACTUAL DAYS IN THE MARION COUNTY JAIL FOR EVERY EIGHT (8) HOURS OF COMMUNITY SERVICE WORK NOT COMPLETED.

Anne Flannelly
Judicial Officer

11/21/2016
Date

*Original signature on file with the Court.



STATE OF INDIANA)
)
) SS:
COUNTY OF MARION)
STATE OF INDIANA)
VS)
SHI SHENG)

IN THE MARION SUPERIOR COURT ROOM NO 4
CAUSE NO. 49G04-1601-CM-002225
WORKSHEET ON
SENTENCING ORDER AND
JUDGMENT OF CONVICTION

FILED
(217) MAY 21 2016
CLERK OF THE MARION SUPERIOR COURT
Myle A. Eldridge

THE DEFENDANT HAVING BEEN FOUND GUILTY BY COURT BY JURY BY PLEA AGREEMENT
THE COURT ENTERS A JUDGMENT OF CONVICTION FOR THE OFFENSE(S) OF:

COUNT I: PROSTITUTION/MA

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED THAT THE DEFENDANT BE SENTENCED;

Count(s) _____ Judgment of conviction entered as a Class A misdemeanor (ALT. MISD>)

As to Count I Imposed 365 DAYS; Executed 4 **(DAYS)** YEARS; Suspended 361 **(DAYS)** YEARS
Sentence to run concurrent consecutive to count _____
Probation for 0 DAYS/YEARS; Probation to run concurrent consecutive to count _____;

Case sentence to run concurrent consecutive to Cause Number 49G04.

X Commitment ordered to MCJ DOC DCCC the Defendant is entitled to 2 ACCRUED/2 DAYS OF GOOD TIME credit for time spent in confinement before sentencing.

The Defendant is assessed court costs of \$183.00 and total case fines of \$ 0.
 Fines and costs suspended, Defendant indigent.

Defendant placed on probation for 0 _____, DAYS/YEARS total all counts; SEE ORDER FOR CONDITIONS OF PROBATION

fines and costs to be paid through Probation Department;

Defendant's drivers' license is suspended for _____ days, with _____ days credit.

X Sentencing comments: DOC/MCJ/CCC TO AWARD CREDIT TIME IN ACCORD WITH INDIANA LAW;

X ACCRUED DAYS: 1/14/16 TO 1/15/16 = 2 DAYS; 2 DAYS OF GOOD TIME CREDIT

X CONDITIONS LISTED IN PLEA AGREEMENT ACCEPTED

X ADDITIONAL CONDITIONS ORDERED BY THE COURT: 24 HOURS COMMUNITY SERVICE WORK

Defendant to receive 4 actual days in the Marion County Jail for every eight (8) hours of community service work not completed.

Restitution Order:
Recipient _____ \$ _____ Recipient _____ \$ _____

Date 11-21-16 _____
Anne Flannelly _____
Magistrate Judge



DATE: 11/21/16

BAILIFF: AJ V

TM

Court Reporter: CC / TM

GUILTY PLEA AND SENTENCING MINUTE

DEFT. Shi Sheng

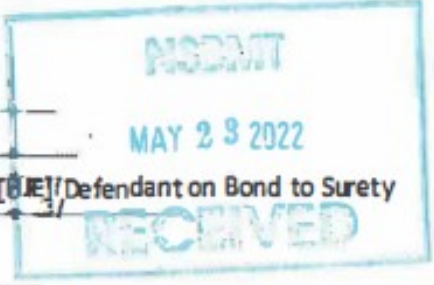
49G04-11001CM002225

HEARING JUDGE: Judge Lisa Borges /

(PT) _____

RESULTS

- Commenced & Concluded Continued Vacated
- State by Deputy Prosecutor / (HJE) S. Terrell
- Defendant in Person by Counsel ADD. Coffey
- (HJE) Defendant in Custody (HJE) Defendant Sworn (HJE) Defendant on Bond to Surety



WARRANTS

- (ADMFTA) Failure to Appear. Defendant _____
- (NOCPD) Notice of Order to Produce Defendant on Cash Bond (NOSPD) Notice of Order to Produce Defendant on Surety Bond
- (NOSBF) Notice of Judgment of Bond Forfeiture (OTCOB) Order to terminate Notice to Produce on Cash Bond
- (OTSOP) Order to terminate Notice to Produce on Surety Bond
- Bench Warrant Issued Hold without bail or Bond / 10% Cash Bond of _____ and/or Surety Bond of _____
- Bench Warrant Recalled

HEARINGS

Future Hearing Type: Compliance Date: 12.27.17 Time: 1:30pm

Interpreter: Yes Language Needed: _____

EVENTS/ORDERS

- (MPPA) Motion to Enter Plea Pursuant to Plea Agreement (MPPA) Denied. (ODMPPA) Denied.
- (QCSINT) Interpreter Services Used (IND) Indigent to Court Costs (OAPC) Order Appointing Pauper Counsel
- (OPIR) Order for Presentence Investigation Report (QCSICA) Indigent Counsel Appointed For Appeal
- (PAF) Plea Agreement Filed (HJE): _____
- (ADMPPIR) PSI Report Filed (HJE): _____
- (PSIW) PSI Waived (HJE) PSI accepted as correct

Factual basis submitted. Defendant agrees and court finds factual basis exists for plea. Court finds defendant understands rights and knowingly and voluntarily waives rights. Plea agreement accepted.

- (MTD) S / D Motion To Dismiss Count(s) _____ (OGMTD) Granted (ODMTD) Denied
- (ARJNCO) No Contact Order Issued (RP) Report to Probation (RCC) Report to Community Corrections
- (DHC) Defendant to be Held in Custody. As to this Case. No Bond. Hold Until _____
- (DHC) Defendant to be Held in Custody. 7 Day Hold 15 day Hold
- (MLA) S / D Motion for Leave to Amend. Charge(s). (OGMLA) Granted (ODMLA) Denied
- (JAD) Taken Under Advise ment. _____
- (ORCOA) Order to Release from Custody to be Held for Other Agency. _____
- (SBDOA) Upon Satisfaction of Bond, Defendant Held for Other Agency. _____
- (ORC) Order to Release from Custody. Defendant _____ as to this case only
- (ARJTRNO) Transport Order Entered. _____ a a a
- (BMVSUSP) Court Requests Suspension of Driver. (BMVSUSPOM) Court Requests Suspension of Driver for OWI.
- Driver's License Suspension. PC Suspension Date: _____
- (BMVPCFSUSP) Failed with Immediate Suspension. (BMVPCRSUSP) Refused with Immediate Suspension.

JUDGMENT

Count 1 Finding of Guilty Finding of Not Guilty Dismissed
Count 2 Finding of Guilty Finding of Not Guilty Dismissed

Plea agreement

SENTENCE

(INCON) CONFINEMENT

Sentence Type: Sentenced Remanded Reversed & Remanded Actual Days Confined Prior to Sentencing: 212

Count 1 Term _____ Years 305 Days Type: Jail Concurrent
 Suspended _____ Years _____ Days DOC Consecutive
 Life Community Corrections with Count/Case:
 Death

Comment: 24 hours CSW

Count 2 Term _____ Years _____ Days Type: Jail Concurrent
 Suspended _____ Years _____ Days DOC Consecutive
 Life Community Corrections with Count/Case:
 Death

Comment:

[FEE] FEES

Add Standard Fees Add Custom Fees \$ 183.00

[ACOND] CONDITIONS

- [ACRF] Abstract: Credit Restricted Felon. [ADOC] Abstract: Currently Serving a Sentence Under DOC Custody.
- [AMHC] Abstract: Mental Health Concerns. [API] Abstract: Purposeful Incarceration.
- [AMAX] Abstract: Recommended Degree of Security - Maximum. [AMED] Abstract: Recommended Degree of Security - Medium. [AMIM] Abstract: Recommended Degree of Security - Minimum. [ANR] Abstract: Recommended Degree of Security - No Recommendation. [ANA] Abstract: Recommended Degree of Security - Not Applicable. [AADP] Alcohol Abuse Deterrent Program. [CC] Community Corrections. [CIP] Community Impact Panel. [CS] Community Service.
- [COUN] Counseling. [COC] Court Ordered Classes. [DR] Day Reporting. [DLS] Driver's License Suspension.
- [DAM] Drug/Alcohol Monitoring. [EM] Electronic Monitoring. [HIV] HIV Testing. [HD] Home Detention.
- [MSE] Maintain Steady Employment. [NC] No Contact. [FIRE] No Firearms. [NA] No New Arrests. [ADD] Notify Change of Address. [OB] Obtain a High School Diploma or GED. [OVDL] Obtain a Valid Driver's License. [VISITPO] Permit Visits from Probation Officer. [PROB] Probation. [PBC] Probation Consecutive to Sentence out of Another County.
- [PE] Psychological/Mental Health Evaluation/Treatment. [RWJ] Remain within Jurisdiction. [RS] Remain/Enroll in School.
- [SA] Stay Away Order. [SE] Substance Abuse Evaluation. [MEDT] Undergo Medical Treatment/Evaluation.
- [UP] Unsupervised Probation. [WR] Work Release.

[INAWD] MONETARY AWARD

Awarded to _____ Awarded Against _____ Judgment _____

Interest Begins: _____ Include Court Costs

SENTENCING COMMENTS (CMT):



Anne Flannelly
The Justice JUDICIAL OFFICER
11-21-16

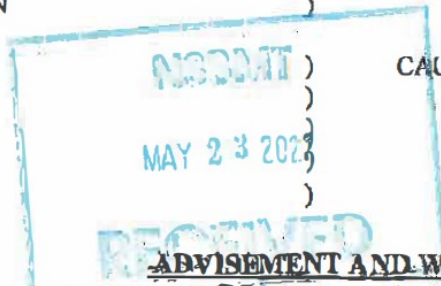
STATE OF INDIANA)
COUNTY OF MARION)

IN THE MARION SUPERIOR COURT
CRIMINAL DIVISION, ROOM 4

STATE OF INDIANA)
VS)

CAUSE NO. 49G04-1601-CM-002225

Sheng Shi



FILED
125 NOV 07 2016
Myla A. Eldredge
CLERK OF THE MARION CIRCUIT COURT

ADVISEMENT AND WAIVER OF RIGHTS

Before the Court may accept a **GUILTY PLEA**, you must be informed of certain facts and certain RIGHTS that you have. You must read this document carefully.

- S.S. 1. You have been charged with Prostitution, a Class A Misdemeanor
- S.S. 2. The maximum penalty for a Class A Misdemeanor is 365 days in jail and/or a fine of \$5000.00.
- S.S. 3. The minimum penalty for any Misdemeanor is 0 days in jail and \$0.00; however, court costs must be paid. Additionally, you may be placed on probation for up to one year.
- S.S. 4. If you are pleading guilty to more than one Misdemeanor, the Court may impose the penalties concurrently, i.e., together, or consecutively, i.e., one after the other.
- S.S. 5. If you are on probation or parole, or were incarcerated, or released on bond on your own recognizance, for another offense at the time you committed this offense, your plea of guilty may have an adverse effect upon your probation, parole, or incarceration status, and any sentence that you may receive for this offense must be consecutive to any sentence that you may have or will receive on the other offense.
- S.S. 6. If you have a prior history of juvenile or criminal offenses, that fact alone may cause you to receive a harsher penalty than you would otherwise receive.
- S.S. 7. You have the right to be represented by an attorney. If you cannot afford an attorney, the Court will appoint an attorney for you. You have the right to a continuance in which to hire an attorney and to have your attorney prepare your case and subpoena witnesses. If you choose to proceed without an attorney, you will be giving up these rights.
- S.S. 8. You have the right to a public and speedy trial by jury; the right to subpoena witnesses at no cost; the right to confront and cross examine witnesses against you; the right to require that the State prove you guilty beyond a reasonable doubt at a trial at which you do not have to testify, but in which you may testify if you wish; if you choose to remain silent, that silence cannot be used against you; and the right to appeal any decision made by the pleading guilty you will give up and waive each and every one of these rights.
- S.S. 9. Your guilty plea has been made knowingly and voluntarily, and no promises, threats or force have been used to make you plead guilty.
- S.S. 10. If you and the State have entered into a plea agreement on your case, and the Judge accepts your guilty plea, the Judge must follow the plea agreement and cannot alter the terms. If the Court rejects the plea, all of your rights are restored to you.
- S.S. 11. You have been given the opportunity to read the Probable Cause Affidavit and Information filed in this case and the facts contained in it are true and constitute a factual basis for your plea
- S.S. 12. The Defendant affirms that if he/she is not a citizen of the United States, he/she wishes to enter a guilty plea even if a conviction in this case results in deportation, denial of re-entry, prohibition of citizenship, or loss of any future immigration benefit. ().
- S.S. 13. Defendant hereby waives the right to appeal any sentence imposed by the Court, including the right to seek appellate review of the sentence pursuant to Indiana Appellate Rule 7(B), so long as the Court sentences the defendant within the terms of this plea agreement ().

PLEA TERMS:

Total Sentence	=	<u>365 days</u>	<u>0</u>	Days on Probation
Jail credit days	=	<u>2</u>		All Standard Conditions and Fees of Probation
Days Suspended	=	<u>363</u>		Probation will terminate upon completion
Additional Jail days	=	<u>0</u>		Probation will become non-reporting upon completion of all terms and payment of all fees.
Community Service Work (At a non-profit organization)		<u>24</u> hours		Non-Reporting Probation

- Fines and Costs to discretion of the Court.
- \$ _____ Fine with \$183.00 Costs for a total of \$ _____
- A.I.D.S and Syphilis testing and risk counseling to be completed by the Compliance Date or _____ days in the Marion County Jail.
- THIS IS A PRE-TRIAL PLEA AGREEMENT THAT EXPIRES 48 HOURS TO TRIAL.

Stay Away from/ No Contact with: _____
Defendant agrees to serve no less than 4 actual day in MCJ for each 8 hours of Community Service Work not completed.

Additional Terms:
I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENTS, UNDERSTAND EACH ONE, AND WISH TO WAIVE AND HEREBY DO WAIVE EACH AND EVERY RIGHT CONTAINED IN THOSE PARAGRAPHS. FURTHER, I ACCEPT THIS PLEA AGREEMENT.

Deputy Prosecuting Attorney

Defendant's Attorney

Sheng Shi
Defendant

Dated: Nov 4, 2016



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@imt.nv.gov

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

July 5, 2022

Shi Sheng

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. Sheng:

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=K3dVNDh1Y09iYnBjZ3oxQkFTSkdtUT09>

Meeting ID: 821 7385 3899

Password: 788395

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 281 462 48 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 212 292 05 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

9489 0090 0027 6447 6114 61

COPY

8540 Woods Edge W Dr



Image capture: May 2019 © 2022 Google



8540 Woods Edge W Dr

All

Street View & 360°

Indianapolis, Indiana

Google

Street View - May 2019

