

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: October 26, 2022

APPLICANT: Hiu H. Tse

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

- Approved
- Probation – NRS 640C.700(9) and/or (11) and NAC.640C.410(q)
- Denied – NRS 640C.700(9) and/or (11) and NAC.640C.410(q)
- Tabled

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

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

Required for Respondent:

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



Nevada State Board of Massage Therapy

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

Application: License Application
Application Number: OL220527113223

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 : TSE
First Name : HIU
Middle Name : H.



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

No record found.

Mailing address :

Street : 639 OAKMONT AVE UNIT 3907
City : LAS VEGAS **State :** NV **Zip :** 89109

Residence address (if different than the mailing address) : Same as mailing address

Street : 639 OAKMONT AVE UNIT 3907
City : LAS VEGAS **State :** NV **Zip :** 89109

Social Security Number : **Date of Birth :**
Place of Birth : China **Gender :** Male Female

Home/Cell Phone : (714) 307-8088

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
AMO SCHOOL NV	LAS VEGAS	2022 - 2022	650

Transcript(s)

Document Name	User Defined Document Name	Document Link
OL220527113223-187906-Transcript.pdf	AMO SCHOOL-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEX	LAS VEGAS NV	02/04/2012

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
220527113223-180822-ScoreReportCard.pdf	MBLEX	Pass

Section 6 : Application Screen 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 : TSE

First Name : HIU

Middle Name : HA

Street : 639 Oakmont Ave Unit 3907

City : Las Vegas

State : NV

Zip : 89109

Date : 6/13/2022

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 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, **HIU TSE** 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 cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : HIU TSE

Date : 6/13/2022

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	OL220527113223-187906-Transcript.pdf	AMO SCHOOL-TRANSCP	
Certificate of Completion	OL220527113223-187905-Certificate-of-Completion.pdf	AMO SCHOOL-DIPL	
Photo	14125-181152-TSE, HIU.jpg		
Score Report Card	220527113223-180822-ScoreReportCard.pdf	MBLEX	
Social Security Card	OL220527112922-178997-Social-Security-Card.pdf		
Government Issued ID Card	OL220527112922-178996-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.COM
HTTP://WWW.AMONV.COM

Name: Hiu Ha Tse

Student ID: AMP022222D03

CUM GPA: 2.3

Date of Birth:

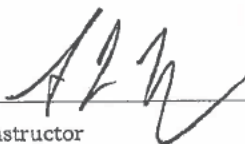
Start Date: 02/22/2022

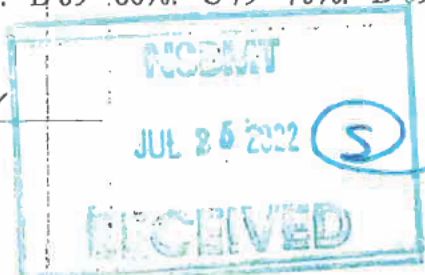
Graduation Date: 07/22/2022

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 Reflease	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

NSB&T

JUL 25 2022

RECEIVED

AMO School NV

This Certifies That

Hiu Ha Tse

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



[Signature]
Instructor

02/22/2022 - 07/22/2022

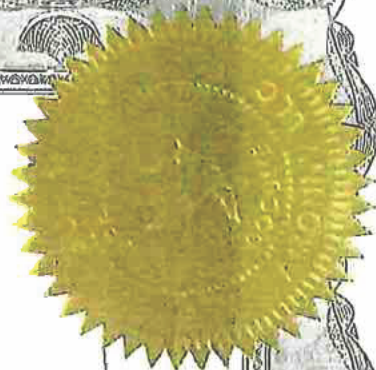
Date

[Signature]

Director



AMO SCHOOL NV





FSMTB
FEDERATION OF STATE
MASSAGE THERAPY BOARDS

MBLEx Results: 5/31/2022

MBLEx Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TSE	HIUHA			2/4/2012	Pass		English	ASM Beauty World Academy Inc. - DAVIE



Final Order No. DOH-13-1415-S -MQA
FILED DATE AUG 05 2013
Department of Health
By: Angel Sanders
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MASSAGE THERAPY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2013-01022
License No.: MA 68017

HIUHA TSE,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MASSAGE THERAPY (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, July 25, 2013, in Orlando, Florida for consideration of Respondent's voluntary relinquishment (attached hereto as Exhibit A). Upon consideration of the voluntary relinquishment, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises, it is hereby

ORDERED AND ADJUDGED that the voluntary relinquishment is accepted as a resolution of this case.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 2 day of August,
2013.

BOARD OF MASSAGE THERAPY



Anthony Jusevitch,
Executive Director for
Karen Goff Ford
Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing
Final Order has been provided by U.S. Mail to HIUHA TSE,

and by interoffice delivery to Lee Ann Gustafson, Senior Assistant
Attorney General, Department of Legal Affairs, PL-01 The Capitol,
Tallahassee FL 32399-1050, Lealand McChaaren, Assistant General
Counsel, Department of Health, 4052 Bald Cypress Way, Bin C-65,
Tallahassee, Florida 32399-3265 this 5th day of

August, 2013.



Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MASSAGE THERAPY

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Angel Sanders*
DATE JUN 17 2013

DEPARTMENT OF HEALTH,
Petitioner,

v.

DOH Case No. 2013-01022

HIUHA TSE, L.M.T.
Respondent.

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent HIUHA TSE, L.M.T., License No. MA 68017, hereby voluntarily relinquishes Respondent's license to practice Massage in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Massage Therapy (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes.
2. Respondent agrees to voluntarily cease practicing massage therapy immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of massage therapy

until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public. Section 456.073(10) Florida Statutes.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

DATED this 30th day of January, 2013.


HIUHA TSE, L.M.T.

STATE OF: California
COUNTY OF: Los Angeles

Before me, personally appeared Hiuha Tse, whose identity is known to me by FLDL (type of identification) and who, under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this 30th day of January, 2013.


NOTARY PUBLIC

My Commission Expires: 3/30/2016

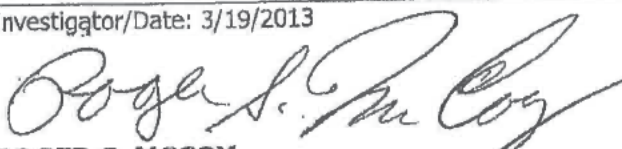
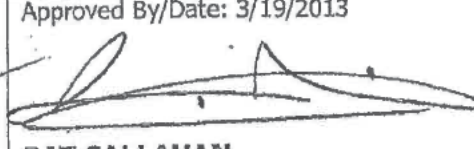


DOH v. HIUHA TSE, L.M.T., Case No. 2013-01022

3



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT**

Office: Fort Lauderdale		Date of Case: 1/15/2013		Case Number: MA 2013-01027	
Subject: HIUHA TSE, L.M.T. 1164 11 th Court Jupiter, Florida 33477 (714) 307-8088			Source: DEPARTMENT OF HEALTH		
Prefix: 1401		License #: 68017	Profession: Licensed Massage Therapist	Board: Massage Therapy	Report Date: 3/19/2013
Period of Investigation: 1/17/2013 - 3/19/2013			Type of Report: FINAL		
<p>Alleged Violation: F.S. Chapters 456.072(1)(h)(m)(w); 480.047(1)(f); and 480.046(1)(o): Violate statute/rule; Obtain License by fraud; Making fraudulent representations; Fall to comply with profiling/credentialing; and Give false or forged evidence to the Department in obtaining any license.</p> <p>Synopsis: This investigation is predicated upon receipt of a complaint (Case Summary & Attachments, Exhibit # 1), submitted by the DEPARTMENT OF HEALTH alleging that HIUHA TSE, on 3/14/2012, submitted an application for licensure as a Massage Therapist with the Florida Department of Health, Board of Massage Therapy. The application included documentation indicating that TSE completed courses and received Certificates of Completion from ASM Beauty World Academy, Inc. (ASM). On 11/15/2012, Florida Department of Education Institutional Evaluators reviewed records at ASM Beauty World Academy, Inc., and found the records for TSE were incomplete or non-existent. It is alleged the Certificate of Completion is fraudulent or was issued in error.</p> <p>TSE was notified of the investigation by letter, sent USPS First Class Mail, dated 1/17/2013 (Exhibit # 2) and was provided a copy of the Case Summary, Voluntary Relinquishment of License form & Attachments (Exhibit # 1).</p> <p>A check with the DOH computerized licensure records reveals TSE is a Massage Therapist with a clear and active license. TSE was first licensed by the Department on 3/27/2012. Pursuant to the Healthcare Practitioner Profile, License Verification Page, TSE's license is scheduled to expire on 8/31/2013 and there are no public complaints or discipline on file with the Department for TSE (Exhibit # 3).</p> <p>No patients were identified; thus patient notification was not required.</p> <p>TSE is not known to be represented by an attorney at this time.</p> <p>As of the writing of this report, a formal response has not been received from TSE. However, TSE did execute and submit a Voluntary Relinquishment of License, dated and notarized 1/30/2013. Attached to the Relinquishment was TSE's original Massage Therapist License, MA 68017 (Exhibit # 8).</p> <p>*The address in the subject line is the address of record on COMPAS for TSE. When TSE submitted the Voluntary Relinquishment and her original Massage Therapist License, the return address on the envelope revealed a new address for TSE, as follows: 1724 Arcdale Avenue, Rowland Heights, California 91748. Identification used for the relinquishment was a Florida Driver's License.</p>					
Related Case(s): N/A					
Investigator/Date: 3/19/2013			Approved By/Date: 3/19/2013		
 ROGER S. MCCOY, Medical Malpractice Investigator LI-98			 PAT CALLAHAN, Investigative Manager LI-96		
Distribution: HQ/ISU					

RECEIVED-LEGAL
 13 APR -4 PM 3:03



Department of Health

HIUHA TSE

License Number: MA68017

*Data As Of 8/5/2022***Profession** Massage Therapist**License** MA68017**License Status** DISCP-RELINQ/**License Expiration Date** 8/31/2013**License Original Issue Date** 03/27/2012**Address of Record** If further information is needed, please contact the Department of Health at (850) 488-0595.**Discipline on File** Yes**Public Complaint** Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



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>

September 23, 2022

Hiu H. Tse
639 Oakmont Ave. Unit 3907
Las Vegas, NV 89109

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. Tse:

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 October 26, 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/89023133843?pwd=MIp1SFYwT3FMdTIgSk93c0JlMHRHcz09>

Meeting ID: 890 2313 3843

Password: 649868

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.

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 6461 1328 36