

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: August 10, 2022

APPLICANT: Edward. T. Gao

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

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

[REDACTED]

[REDACTED] Mr. Gao is requesting to be granted a license under NRS 640C.420 and is before you today for review under NRS 640C.700.

ACTION:

- Approved
- 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:** OL220405065538

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? :  Yes  No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? :  Yes  No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :**  Massage Therapist  Structural Integration  Reflexology

### Applicant Name

**Last Name :** GAO  
**First Name :** EDWARD  
**Middle Name :** T.



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

Other Name

TAO GAO

Mailing address :

**Street :**  
**City :** **State :** NV **Zip :**

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

**Street :**  
**City :** **State :** **Zip :**

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

**Home/Cell Phone :**

Indicate the appropriate selection; which address you would prefer to be public knowledge.

Home  Mailing  Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)

Yes  No

### Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- I am NOT SUBJECT to a court order for the support of a child.
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

### Section 3 : Previous Licensure Information

#### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
UT	7177457-47	2008	05/31/2013
LA	3852	2006	03/31/2023

### Section 4 : Training and Education

#### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Fuzuba School of Massage and Reflexology	Las Vegas	2021 - 2021	550
East-West Institute of Hand Therapy	El Monte	2008 - 2008	350
Acupuncture and Massage Institute of Ame	Los Angeles	2005 - 2005	500

#### Transcript(s)

Document Name	User Defined Document Name	Document Link
OL220405065538-179586-Transcript.pdf	EAST WEST-TRANSCP	<a href="#">Document Detail</a>
OL220405065538-179585-Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document Detail</a>

### Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCBTMB	Los Angeles, CA	06/02/2006

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
OL220405065538-179594 ScoreReportCard.pdf	NCTMB	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

Yes  No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

Yes  No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

Yes  No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

Yes  No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the Nevada State Board of Massage Therapy that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing

his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

**Last Name :** GAO

**First Name :** EDWARD

**Middle Name :** T.

**Street :**

**City :**

**State :**

**Zip:**

**Date :** 5/2/2022

**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/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, **EDWARD GAO** certify that I am the person described and identified in this application;  
 I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.  
 I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.  
 I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.  
 I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : EDWARD GAO

Date : 5/2/2022

**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
Photo	1340-179653-GAO, EDWARD.jpeg	
Score Report Card	OL220405065538-179594-ScoreReportCard.pdf	NCTMB
Transcript	OL220405065538-179586-Transcript.pdf	EAST WEST-TRANSCP
Transcript	OL220405065538-179585-Transcript.pdf	FUZUBA-TRANSCP
Certified Statement	OL220405065538-179564-Certified-Statement.pdf	UTVERIF
Certified Statement	OL220405065538-179563-Certified-Statement.pdf	LA VERIF
Government Issued ID Card	220405065538-177205-Government-Issued-ID-Card.jpg	
Certificate of Completion	220405065538-176969-Certificate-of-Completion.pdf	
Certificate of Completion	220405065538-176968-Certificate-of-Completion.jpg	
Current Massage License	OL220405064337-175885-Current-Massage-License.jpg	Louisiana State Massage License
Social Security Card	OL220405064337-175884-Social-Security-Card.jpg	SSN
Government Issued ID Card	OL220405064337-175880-Government-Issued-ID-Card.jpg	Nevada State Driver's license

**Application Fees**

**All fees are non-refundable.**

**Fee Detail(s)**

**Payment Detail(s)**

Payment Method:

Amount Paid:



**Transcript**  
 FuZuBa School of Massage and Reflexology  
 3880 Schiff Dr.  
 Las Vegas, NV 89103

Student: Edward Gao SSN: Gender: Male Birth Date: Start Date: 08/23/2021 Graduation Date: 12/18/2021	Grade: 3.46 Total Earned Hours: 550
---	--

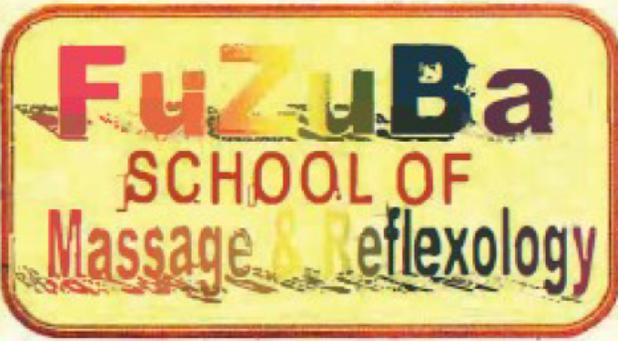
NV Massage Training Program 550-Hr				GPA: 3.46	
Course	Marks	Grade	Credits	Earned	
Unit A: Anatomy, Physiology, & Kinesiology	93	A	125	125	
Unit B: Theory and Practice of Massage	80	B-	220	220	
Unit C: Other Modalities of Massage	90	A-	125	125	
Unit D: Pathology for Massage Therapists	97	A+	40	40	
Unit 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-	60 - 69 = F



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

NSBMT  
DEC 28 2021  
RECEIVED



### Certificate of Graduation

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



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



April 15, 2022

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

RE: Transcript Request for Tao Gao – 2977 from East-West Institute of Hand Therapy

Dear Sirs/Madams:

The Bureau for Private Postsecondary Education is in receipt of your request for your transcripts. However, the State of California does not maintain a repository of every degree or certificate granted by private postsecondary institutions, and as such cannot provide you with a copy of the requested transcripts.

You may want to contact the following:

Xiao ChunCai

Telephone #:

Please contact the Bureau if you have any questions at (916) 574-8900.



Sincerely,

*Yvette Johnson*

Administration Chief  
Bureau for Private Postsecondary Education

Cc: Tao Gao



*National Certification Board for  
Therapeutic Massage and Bodywork*

*Let It Be Known That*  
**Tao Gao, NCTMB**

*has demonstrated the fundamental knowledge required for competency in  
this profession and is hereby awarded the designation*

*Nationally Certified in Therapeutic Massage and Bodywork*

*Elizabeth McIntyre*

*Chair*

*Donna M. Lesley*

*Chair-Elect*

NCTMB

442315-00

*National Certification Number*

2006

*Certified Since*

June 2, 2011

*Expiration Date*



### LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E, Baton Rouge, LA 70816  
225/756-3488 www.labmt.org  
Email: [admin@labmt.org](mailto:admin@labmt.org)

#### VERIFICATION OF LICENSURE

Please Print or Type

Signed Form must be mailed/emailed to the address/email above for verification to be processed.

#### Section I - (Completed by Applicant)

The undersigned hereby authorizes the board to release all information in its file, favorable or otherwise, regarding my license.

Applicant's Signature: [Signature] Date: 04/26/20

Applicant's Name on File w/LBMT: Tao Gao (Edward Tao Gao)

Address \_\_\_\_\_  
Street Number & Name or P.O. Box City State Zip

Telephone No. ( ) \_\_\_\_\_ Date of Birth: 10/21/2059

License No. LA3852 Last or Current year of Licensure 2022

#### Section II - (Where to send completed verification)

All verifications will be emailed to the email address listed below unless otherwise specified.

Name Nevada State Board of Massage Therapy

Email Address: nymassagebd@lmt.nv.gov

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

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

Email  Fax  Mail (Only one may be chosen)

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

This certifies that Tao Gao  
Name of licensee

License No. LA3852 Licensed Since Date 10/03/2006

Current License or Last License Date Issued 04/01/22 Expiring Date 03/31/23

Current status of license:

Active  Lapsed  Inactive  Denied\*\*  Suspended

Revoked  Disciplined\*\*  Expired

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

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

License/Registration/Certification Issued Based On:

A. Education Requirements:

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

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

Grandfather requirements



Other \_\_\_\_\_

**B. Testing:**

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

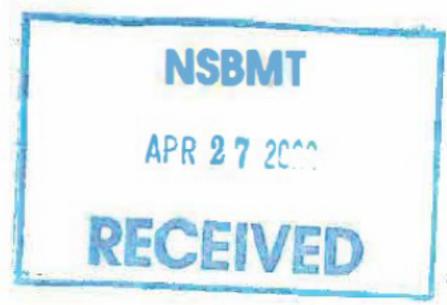
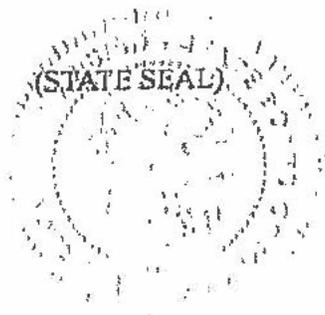
Signature 

04/27/2022

(LBMT Representative)

Date

Print Name Chandra Wiley





SPENCER J. COX  
Governor  
DEIDRE M. HENDERSON  
Lieutenant Governor

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

MARGARET W. BUSSE  
Executive Director

MARK B. STEINAGEL  
Division Director

**VERIFICATION OF UTAH LICENSURE**

Created On: 04/27/2022

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Tao Gao

Classification of License Issued: Massage Therapist

License Number: 7177457-4701

Obtained By: Application - School

Current Status: Expired

Original Date of Licensure: 11/20/2008

Expiration Date: 05/31/2013

Agency and Disciplinary Action: NO

Docket and Citation Number(s): N/A

**Education:**

SCHOOL NAME	MAJOR	GRADUATION DATE	DEGREE	HOURS
Acupuncture and Massage Institute of America		07/05/2005	Certificate of Completion	500
East-West Institute of Hand Therapy		10/06/2008	Certificate of Completion	350



**EXAM SCORES:**

EXAMBATTERY	EXAM TYPE	STATE	RESULTS	SCORE	DATES
1000	NCBTMB National Cert. 442315-00	UT	Pass		06/02/2006
1000	Utah Law and Rule	UT	Pass	90	11/03/2008

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741  
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

Edward Gao (AKA Tao Gao)

May 15, 2022

Sandra Anderson  
NV State Massage Board  
1755 E Plumb Ln # 252  
Reno, NV 89502



Dear Director Anderson,

I am applying for a Nevada Massage License. I applied earlier last year and my application was denied due to missing information on one of my previous licensures.

The reason I am writing to you is that during my last application, it was indicated to me that I had a disciplinary action against me in Utah in 2012. However, I have contacted the Massage Therapy Board in Utah and was confirmed that I had a clean record as a Utah massage therapist. Therefore, I answered "no" to the question that asked about my previous disciplinary records on the current application.

To re-visit the citation in question, which was issued to my business in Utah in 2012, I like to clarify a few points. First of all, according to the National Practitioner Data Bank, the questioned citation was issued to me because I hired my aunt, who was unlicensed, to work at my massage business located in Utah. This business was owned by me and a partner, Tao Jiang. In early 2012, I had to leave Utah and live in Louisiana due to a family relocation. Unfortunately, because of a contractual reason, I was not able to withdraw my name from that business even though I was no longer in participation. During the time of the incident in Utah, I was neither operating the business in Utah, nor did I have an aunt in the US at all. I was not aware of this situation until later I was told by my partner, Tao Jiang, who hired HIS aunt who was cited at that time. Tao Jiang took the full responsibility and paid the citation. I thought everything was taken care of until I received a letter stating that my online record was updated. After reviewing the online information, I found that due to the similarity of our names, when my previous name was Tao Gao at that time, I was confused as the one at the business when the citation was issued. Any Tao Jiang's statement regarding his aunt became "my aunt". I was mistaken to be the one who was at the business and hired "my aunt" as an unlicensed worker. I then wrote a letter to Utah Massage Board and explained the situation. Utah Massage Board made a remark that they would investigate. They never took any action against

me. I was later busy with my own life and practice in Louisiana and did not pursue this matter any further, assuming that Utah had cleared my responsibilities.

I am enclosing a recent electronic verification from Utah for your reference. I also enclosed copy of my LA State Massage License (valid) and my old LA State Driver's License (expired) to prove that I relocated to LA in January 2012 and stayed there until 2018. I can provide other LA income records as well upon request.

I like to reiterate that during my 16 years of massage practice, in the state of NV, UT and LA, I have always respected and followed regulations in all jurisdictions. I started this profession in NV back in 2007. I had both practiced and taught in this field. I always told my students that the most important thing to remember is to follow the regulations while practicing massage therapy.

Making no mistakes, I just want to make it clear that I am very serious about my massage profession as well as all details of my current application to NV Massage License. The above mentioned citation was not issued due to my wrong doing. It was connected to my name and "my aunt" due to a confusion of the names. In essence, it was quite unfair to me to be blamed for this situation due to multiple mistakes from other parties. I hope that I have shed enough light on this incident.

Please feel free to contact me if you have additional questions. Thank you for your time.

Sincerely,



Edward Gao



Enclose:

- 1) Utah verification information
- 2) LA State Massage License (showing starting date)
- 3) LA Driver's License (showing issuing date)



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmessagebd@imt.nv.gov](mailto:nvmessagebd@imt.nv.gov)

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

July 5, 2022

Edward T. Gao

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 Mr. Gao:

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(s) on March 30, 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=K3dVNDh1Y09lYnBJZ3oxQkFTSkdtUT09>

Meeting ID: 821 7385 3899

Password: 788395

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 846 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 812 626 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.

**COPY**

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 6447 6114 85

COPY



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@imt.nv.gov](mailto:nvmassagebd@imt.nv.gov)

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

July 12, 2022

Edward T. Gao

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 Mr. Gao:

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

**COPY**

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 6447 6111 95