

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: June 8, 2022

APPLICANT: Meaghan M. Williams

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

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

[REDACTED]

[REDACTED] Ms. Williams is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

- Approved
- Denied- NRS 640C.700(3)(9)
- Probation – NRS 640C.700(3)(9)
- 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.



NSBMT
AUG 27 2021
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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@nmt.nv.gov
 Website: <http://massagetherapy.nv.gov>

Massage Therapy Application

Structural Integration Practitioner **Massage Therapist** Reflexologist

Type or print legibly all portions of this application. Incomplete applications will not be processed.

Section 1 Personal Information

Applicant Name: Last Williams First Meaghan Middle Initial M

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

Residence address (do not list post office boxes or mailbox drop addresses):
 Street _____ City _____ State _____ Zip _____

Previous address (if less than 1 year):
 Street _____ City _____ State _____ Zip _____

Mailing address (if different than the residence address):
 Street or PO Box _____ City _____ State _____ Zip _____

Social Security Number: _____ Date of Birth: Chicago Place of Birth: Chicago ILL

Home Phone: _____ Cell Phone: _____ Business Phone: _____ Gender: Male Female

Business Name: _____

Business Address:
 Street _____ City _____ State _____ Zip _____

Email Address: _____

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

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.

Paid \$ _____ QB _____ For Office Use Only: Date Sent _____ Tracking _____

Section 3 Licensure Information

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology and Structural Integrationist. Please attach another sheet of paper if you need more room.

* A Certified Statement from State Licensing Authority must be completed for each state where you have held a license.

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

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)

Section 4 Massage Training and Education

Request official transcripts from the registrar of your school(s) and have them mailed directly to the Nevada State Board of Massage Therapy.

A certificate of completion (diploma) will need to be submitted for each massage, reflexology or structural integration program you completed.

Name of School	City and State	Years From and To (YYY-YYY)	Hours Completed
Northwest Career College	Las Vegas NV	2019 - 2021	800

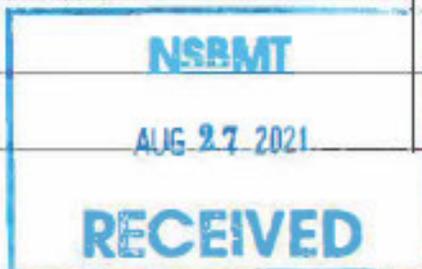
Section 5 National Exam Information

AMBLEX NCETM NCETMB IASI ITEC ARCB IIR NCBTMB-R

Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, IASI, ITEC, ARCB, IIR or NCBTMB-R.

The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY)
Las Vegas NV	05-22-2020	N/A



You must answer all of these questions by checking the appropriate "Yes" or "No" box.
 If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

Section 6 Application Screening Questions (use additional sheets of paper if needed)

Yes No 1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?
 If yes, please provide the following information for each occurrence: (*required)

*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____
 *Licensing agency/jurisdiction that took action: _____
 *Name and address of employer/supervisor: _____

 *Reason for action: _____

*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____
 *Licensing agency/jurisdiction that took action: _____
 *Name and address of employer/supervisor: _____

 *Reason for action: _____

Yes No 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.
 (Attach a separate sheet of paper)

Yes No 3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)
 If so, please explain (Use additional paper if necessary) _____

Yes No 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;

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

*Date of charge/offense (MM/DD/YYYY): _____
 *Name and address of law enforcement agency: _____

 *Charge: _____
 *Disposition: _____

*Date of charge/offense (MM/DD/YYYY): _____
 *Name and address of law enforcement agency: _____

 *Charge: _____
 *Disposition: _____

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If you have answered "Yes" to any of the questions above, you **MUST** include:

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) for each accusation or arrest.
2. Receipts for all fines or penalties showing that they have been paid for each accusation or arrest. You need to contact the court or the licensing agency.
3. Dispositions from the court(s) you appeared before regarding the arrest dates.

Affidavit of Applicant / Authorization of Release

I, 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.

Signature of Applicant: M Williams Date: 8-16-20

State of Nevada County of CLARK

Signed and sworn to before me this 16th day of August 20 21

Meaghan Williams, who personally appeared before me.

[Signature]
Notary Public Signature

4/29/23
Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

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Email: rvmassagebd@state.nv.us

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

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.

Structural Integration Practitioner Massage Therapist Reflexologist

Nevada Veteran Data

Have you ever served in the military: Yes No

If Yes, check all that apply:

Branch(es) of Service:

<input type="checkbox"/> Army/Army Reserve	<input type="checkbox"/> Marine Corps/Marine Corps Reserve
<input type="checkbox"/> Navy/Navy Reserve	<input type="checkbox"/> Air Force/Air Force Reserve
<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard/Coast Guard Reserve

Military Occupation Specialty/Specialties: _____

Date(s) of Service: From _____ (DD/MM/YYYY) To _____ (DD/MM/YYYY)

If you are a veteran and have been licensed by another jurisdiction you may qualify for license by endorsement. Please read NRS 640C.426.





FINGERPRINT BACKGROUND WAIVER



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 in

Applicant's Name: Meaghan Williams Applicant's Signature: M. Williams

Date: 8-16-21 (PLEASE PRINT LAST, FIRST, MIDDLE) Williams Meaghan Mikesha

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham Signature: Kim Buckingham Date: 9/2/2021

Date: 7/26/2021

Northwest Career College

Page 1 of 2

7398 Smoke Ranch Road
Las Vegas, NV 89128
www.northwestcareercollege.edu

Student: Meaghan M Williams

Student ID: W15662

DOB:

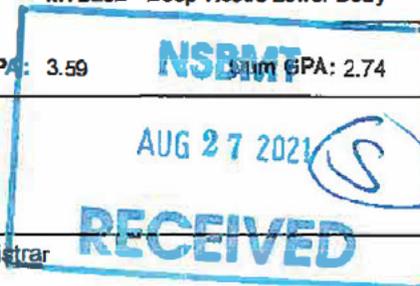
Original Start Date: 3/4/2019

Student GPA: 2.81

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
Program: Diploma in Massage Therapy											
Enrollment #: 05929WI		Status: Graduate									
Start Date: 3/4/2019		Grad Date: 7/17/2021									
Term: 4P5190304		4P5 2019.03.04		3/4/2019	8/4/2019						
MT101	MT101A Basic Massage	2.00	2.00	C	4.00						
MT102	MT102A Human Anatomy and Physiology	2.00	3.20	B	9.60						
MT103	MT103A Kinesiology	0.50	0.50	C	1.00						
MT101	MT101B Basic Massage	2.00	2.00	B	6.00						
MT102	MT102B Human Anatomy and Physiology	2.00	3.20	C	6.40						
MT103	MT103B Kinesiology	0.50	0.50	C	1.00						
MT101	MT101C Basic Massage	2.00	2.00	C	4.00						
MT102	MT102C - Human Anatomy and Physiology	2.00	3.20	C	6.40						
MT103	MT103C - Kinesiology	0.50	0.50	C	1.00						
MT202	MT202 - Advanced Anatomy and Physiology	3.00	3.00	B	9.00						
MT203	MT203 - Advanced Kinesiology	3.00	3.00	C	6.00						
MTB101	MTB101D - Basic Massage	2.00	2.00	B	6.00						
MT201	MT201A - Student Clinic	1.00	1.00	C	2.00**						
MT205	MT205 - Massage as a Business	3.00	3.00	B	9.00						
MT207	MT207 Spa Therapies	2.00	2.00	B	6.00**						
Term GPA: 2.49		31.10	31.10	77.40							
Cum GPA: 2.49											
Term: 4P4190805		4P4 2019.08.05		8/5/2019	11/24/2019						
MT201	MT201B - Student Clinic	1.00	1.00	C	2.00**						
MT204	MT204 Medical Massage: Pathology	3.00	3.00	B	9.00						
MT206	MT206 - National Board Review	3.00	3.00	B	9.00						
Term GPA: 2.86		7.00	7.00	20.00							
Cum GPA: 2.56											
Term: 4P5200106		4P5 2020.01.06		1/6/2020	5/31/2020						
MOS101#	MOS101 Microsoft Office Fundamentals	4.00	4.00	PASS	16.00						
Term GPA: 3.14											
Cum GPA: 2.65											
Term: 4P4200406		4P4 2020.04.06		4/6/2020	8/2/2020						
MTB114	MTB114 Spa Therapies	2.00	2.00	B	6.00						
MTB200	MTB200 Student Clinic	0.84	0.84	A	3.36**						
Term GPA: 3.30		2.84	2.84	9.36							
Cum GPA: 2.62											
Term: 4W200803		4W 2020.08.03		8/3/2020	8/30/2020						
MTB200	MTB200 Student Clinic	0.83	0.83	A	3.32						
MTB205	MTB205 Shiatsu	2.00	2.00	B	6.00						
MTB206	MTB206 - Medical Massage: Applications	2.00	2.00	B	6.00						
Term GPA: 3.17		4.83	4.83	15.32							
Cum GPA: 2.67											
Term: 4P4200504		4P4 2020.05.04		5/4/2020	8/30/2020						
MTB102	MTB102B Basic Anatomy and Physiology	0.75	0.75	C	9.50						
Term GPA: 2.00		4.75	4.75	9.50							
Cum GPA: 2.59											
Term: 4W200831		4W 2020.08.31		8/31/2020	9/27/2020						
MTB200	MTB200 Student Clinic	0.83	0.83	A	3.32						
MTB201	MTB201 Deep Tissue Upper Body	2.00	2.00	B	6.00						
MTB202	MTB202 Deep Tissue Lower Body	2.00	2.00	A	8.00						
Term GPA: 3.59		4.83	4.83	17.32							
Cum GPA: 2.74											

** Indicates Retaken Course
R* Indicates Retaken Override

Not official unless signed by registrar

Indicates Pass/Fail Course
◆ Indicates Associated Course

Student: Meaghan M Williams Student ID: W115662 DOB: Original Start Date: 3/4/2019 Student GPA: 2.81

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
Term: 4W201005 4W 2020.10.05			10/5/2020		11/1/2020
MTB200	MTB200 - Student Clinic	0.83	0.83	B	2.49
MTB203	MTB203 - Sports Massage	2.00	2.00	B	6.00
MTB204	MTB204 - Special Needs	2.00	2.00	B	6.00
		4.83	4.83		14.49
Term GPA: 3.00		Cum GPA: 2.76			
Term: 4W201102 4W 2020.11.02			11/2/2020		11/29/2020
MTB200	MTB200 - Student Clinic	0.83	0.00	F	0.00**
		0.83	0.00		0.00
Term GPA: 0.00		Cum GPA: 2.73			
Term: 4W201130 4W 2020.11.30			11/30/2020		12/27/2020
MTB200	MTB200 - Student Clinic	0.84	0.00	F	0.00
		0.84	0.00		0.00
Term GPA: 0.00		Cum GPA: 2.73			
Term: 4W210607 4W 2021.06.07			6/7/2021		7/4/2021
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32**
MTB200#	MTB200 - Student Clinic	0.84	0.84	PASS	3.36
		1.67	1.67		6.68
Term GPA: 4.00		Cum GPA: 2.81			
Term: 4W210712 4W 2021.07.12			7/12/2021		8/8/2021
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
		0.83	0.83		3.32
Term GPA: 4.00		Cum GPA: 2.81			
Diploma in Massage Therapy		GPA: 2.81	71.35	69.68	

Course Code Course Description Credits Attempted Credits Earned Grade Quality Points

*** End of Transcript ***

Authorized Signature Christy Long Date 7-28-21



OFFICIAL TRANSCRIPT



** Indicates Retaken Course
R* Indicates Retaken Overide

Not official unless signed by registrar.

Indicates Pass/Fail Course
♦ Indicates Associated Course

northwest

CAREER COLLEGE

THIS CERTIFIES THAT

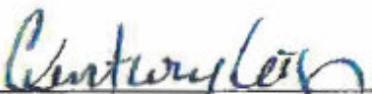
Meaghan Williams

Has successfully completed the 800-Hour Massage Therapy program, and is therefore awarded this

DIPLOMA

Given this 17th day of July, 2021




School Administrator




Director, Dr. John Kenny



MBLEx Results: 5/24/2021

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>
Williams	Meaghan			5/22/2021 11:51:21 AM	Pass	08/30/2019 Fail 10/20/2019 Fail 01/31/2020 Fail	English	NORTHWEST CAREER COLLEGE - LAS VEGAS NV



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

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Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

September 17, 2021

Meaghan M. Williams

Re: DISPOSITION OF RECORD

Dear Ms. Williams,

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 **03/31/2022**. 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.

NSBMT

MAR 07 2022

RECEIVED

Hello my name is Meaghan Williams. I am a mother of four amazing children. My oldest son attends UNLV. My other children are all A's and B's students. Except for my youngest who is the only unvaccinated child at four years old. The mistakes I made for myself were to provide for us. I've learned long ago my children need my safety and freedom more than materials or money. Which prior to 2007 my record was perfect. Since Feb 2011 I haven't been in any trouble. I am a full-time CNA/Caregiver for over several years. Currently I've been employed at my current station Golden Heart Senior Care for four years. I have maintain an stable job since 2011. I have been working with the elderly and I would love to continue to work with them in addition to providing massages. I have changed my life around for my children and myself. To show them that mistakes don't determine who or what you are.

I would love to continue my dream.
At whatever pace the board thinks
is best discretionary for this instance
Thank you so much for taking the
time to hear me out.



City Of Pewaukee Muni Court
 W240 N3065 Pewaukee Rd.
 Pewaukee, WI 53072
 262-691-9083

02/14/2022 7:32AM
 Page: 1

Defendant Court Record

WILLIAMS, MEAGHAN M

Citation No: N857764
 Department City Of Pewaukee

Original Violation: Eject Without a License
 Amended Violation:
 Violation Date: 08/29/2007 Status: WRIT/ Final Notice Status Date: 10/17/2007
 Sent
 Plea: No Contest Due: \$ 735.00 Viol. Due Date: 11/07/2007
 Finding: Guilty/WOC Finding Date: 10/17/2007 Paid: \$ 735.00
 Non-Cash: \$ 0.00
 Balance \$ 0.00

PROCEEDINGS

Type	Date	Time	Status	Attorney
Initial	10/17/2007	8:00 am	Failed to Appear	
Notice Issued-WC	11/07/2007	7:00 am	Scheduled	

OTHER SENTENCES

Description	Start Date	Status	Status Date	Number X Unit	Amount	Note
Confinement			11/07/2007	28	Days	

PAYMENT

Receipt #	Date	Type	Batch	Payment	Adjustment	Method	Status
00027152	07/01/2009	FINE	PY	\$ 735.00	\$ 0.00	CHECK	RISE



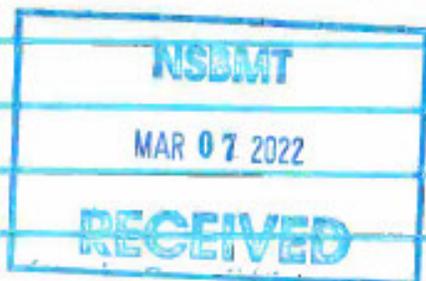
NSBMT

MAR 07 2022

08-29-2007 **RECEIVED** Pewaukee WI

July 2007 I had just given birth to my baby girl. I saw an ad for paid escorting in a local advertisement. On 08-29-07 I took a call in which I was given a name, and room number. There I was greeted by a man who offered to have sex with me. Which I declined and was promptly arrested for escorting without a license. I was taken to the police station and released immediately with my court date and a ticket. The police informed me that if I get my license that my charge would be dropped as long as I could provide my license at my court date. Unfortunately I couldn't get the city to afforce me a license after meeting downtown with the city. So ~~was~~ a warrant was put out for my arrest. I paid my fine in full 735.00 upon being pulled over. I ended up being arrested for paternity testing case. I reported to Milwaukee WI after being held in Racine for two days.

Once there I was tested for my DNA
and released. For the testing of
my oldest son That case is featured
in my packet here titled Child Support
Milwaukee Dated 2009-06-11



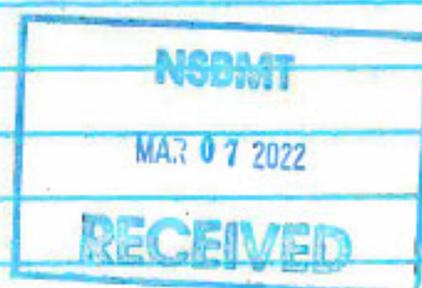
MW ilhs

For Date 6-11-2009 No disposition

I made multiple calls to Milwaukee Child support. Since my son is about to be 20 years old and this case is close they couldn't help me. They ~~at~~ told me to call the D.A. which I did multiple times. Never heard back from them.

MMWells

The City of Racine County said they don't have an disposition for this date. Due to the fact that they was holding me for Milwaukee Co.



NSBMT

MAR 07 2022

RECEIVED

Warrant
for

6-11-2009

Racine County Child Support

I had my first child at 17 years old. My mother decided that she was going to put the father on Child support. So that what we did. Once I turned 18 years old I decided not to pursue the father for Child support. I was unaware that I had to report that information to the Child Support Court. Seven years later on 6-11-2009 I was driving on the highway and the Sheriff stopped me. Due to my tints on my car windows was too dark. My name was ran and I had two warrants for my arrest. One for child support and one for the arrest from almost two years prior dated 8-29-2007. The Sheriff said that I could pay off the warrant for Pewaukee but the one for Milwaukee was a body warrant, which means the Court wanted me. So the Sheriff took me to the jail in Racine where I waited for Milwaukee to come extradite me back to Milwaukee.

Once I was there for a few days
till I was ~~was~~ tested for my DNA.
After the test I was released and
FREE to go. Nothing came of this
because I didn't pursue child
support.



ARREST

Arrest Name: WILLIAMS, MEAGHAN Arrest Date: 18-JAN-2010 Holding Facility: CPD - DISTRICT 011 FEMALE
 Date of Birth: Arrest Address:
 DGN or CB: Residence:
 Officer: HEALY Officer Badge#: 6416 Arresting Agency: CPD

Count	Class	Type	Statute	Arrest Charge Description	Inchoate
[1]	A	M	720 ILCS 5.0/11-14-A	Prostitution	OFFENSE AS CITED

COURT CHARGES/DISPOSITION

Statute	Charge	Class	Case#
720-5/11-14-A	PROSTITUTION	M	10120119401
<i>Disposition:</i> BAIL BOND FORFEITURE		<i>Disposition Date:</i> 29-JUN-2010	
<i>Sentence:</i>		<i>Sentence Date:</i>	
<i>Disposition:</i> NOLLE PROSEQUI		<i>Disposition Date:</i> 09-AUG-2010	
<i>Sentence:</i>		<i>Sentence Date:</i>	
<i>Disposition:</i> ARREST WARRANT - ORDERED AND ISSUED		<i>Disposition Date:</i> 29-JUN-2010	
<i>Sentence:</i>		<i>Sentence Date:</i>	

End of Report

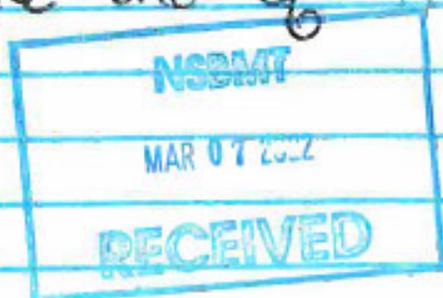
This Chicago Police Department IR rap-sheet should not replace the use of the Illinois State Police statewide criminal history transcript, which may contain additional criminal history data and can be obtained by performing a CQR1 inquiry via your LEADS terminal.

http://chris.chicagopolice.org/pls/clear/law_rapsheet_cpd.show_html?p=AUcvGGvJWSvJ... 2/17/2022



01-18-2010 Chicago IU

I was walking to the train and a vehicle pulled up and asked me did I want a ride. I said yes I would love an ride and got in the vehicle. While we was riding down the street we ~~was~~ was talking. I don't remember what was said. But I was told I was under arrest for soliciting prostitution. I was in jail for 48 hrs, and then released with my court date. Unfortunately I missed my court date and a warrant was put out for my arrest. I was stop by the black and white police on 08-08-2010. I went to jail I had to wait to see the judge. Once I seen the judge I was giving an class to attend and to stay out of trouble for 3 months. That was the end of that case.



Mh



CHICAGO POLICE DEPARTMENT
 3510 South Michigan Avenue/Chicago, Illinois
 60653
 Identification Section



CRIMINAL HISTORY REPORT

CPD-31003C (REV. 7/04)

WILLIAMS, MEAGHAN

IR #

SID #

FBI #

IDOC #

Current Arrest Information:

Date of Birth:

Age: 25 years

Place of Birth: ILLINOIS

Drivers License #:

Drivers Lic. State:

Scars, Marks & Tattoos:

Tattoo "Willie" on Left Breast

Key Historical Identifiers:

Alias or AKA used	Date Used	Dates of Birth Used
WILLIAMS, MEAGHAN	31-JAN-2010	24-MAY-1985
WILLIAMS, MEAGHAN	18-JAN-2010	25-MAY-1985



ACCESS AND REVIEW
 FIELD SERVICES SECTION
 CHICAGO POLICE DEPARTMENT
 3510 S MICHIGAN AVE
 CHICAGO, IL 60653

FEMALE
 BLACK
 5'07"
 165 lbs
 EYES : BRO
 HAIR : BLK
 HAIR STYLE :
 LONG
 COMPLEXION :
 MBR



CPD photo

DATE: 17-Feb-22 SIGNATURE: [Signature]

NSBMT
 MAR 07 2022
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Criminal Justice Summary: Total arrests: 3 (0 Felony, 2 Misdemeanor) Total convictions: 0

ARREST

Arrest Name: WILLIAMS, MEAGHAN Arrest Date: 08-AUG-2010 Holding Facility: CPD - DISTRICT 002 FEMALE
 Date of Birth: Arrest Address: 5100 S CICERO AVE CHICAGO, IL 60632
 DCN or CB: 017941982 Residence:
 Officer: JAROS Officer Badge#: 17582 Arresting Agency: CPD

Count	Class	Type	Statute	Arrest Charge Description	Inchoate
[1]	-		725 ILCS 5.0/110-3	Issuance Of Warrant	OFFENSE AS CITED

COURT CHARGES/DISPOSITION

Statute	Charge	Class	Case#
SEE CB# 17774002	ISSUANCE OF WARRANT		10120119401
Disposition: ARRESTED ON WARRANT		Disposition Date: 08-AUG-2010	
Sentence:		Sentence Date:	

warrant

08-08-2010 Chicago ILL

I was leaving the gas station when I was stop by the black and white police. My name was ran and I had an warrant for my arrest. Due to me missing court from a prior case dated 01-18-2010. I went to jail for a couple of days till I seen the judge. There I was told I needed to complete some classes and stay out of trouble for three months. Which I did stay out of trouble in ILL. I also completed my class. The case was close and I never heard from the state of ILL

W



JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 10M27355X

STATE VS: WILLIAMS, MEAGHAN M

ID #: 02756702

AKA: WILLIAMS, MEAGHAN M

DR NUMBER:

START DATE: 09/04/2010

ARRESTED BY: LARDOMITA, JOSEPH

ARREST DATE: 09/04/2010

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 09/04/2010

PROSECUTOR: MICHAEL OCALLAGHAN

DISPO DATE: 02/03/2011

001 CHARGE: 201.354 M SOLICITING PROSTITUTION
DISPOSITION: ----GUILTY---- SOLICITING PROSTITUTION

SENTENCED: 02/03/2011

FINED: \$ 0

EXCUSED: \$ 0

JAIL TIME: MOS

DAYS HRS

CONS/CONC:

CTS : MOS

DAYS 000 HRS

COMM SERV: DAYS

HRS MIN

RESTITUTION: \$

0 CONTRIBUTION: \$ 0 DRUG FEE: \$ 0

EDUCATION:

NONE

CITATION: 1009041295

PCN: 0025209391

SEQ: 001



Michael O'Callaghan
JUSTICE OF THE PEACE - DEPT. 10

09-04-2010 Las Vegas

I had just moved from Milwaukee to Las Vegas. On 09-04-2010 I was walking down the street when an vehicle pulled over. The vehicle was in a parking lot where we began to talk but I was outside the car. He asked me do I want to go home with him. I said yes and got in the vehicle. Once in the vehicle I was told I was under arrest for soliciting prostitution. I went to jail for 48hrs and released with an court date. I missed my court date and the judge put a warrant out for my arrest. The next day ~~09-08-2010~~ 10-08-2010 I was arrest for my warrent. I was in jail for 48hrs. And giving a new court date. At that court date I was given ~~an~~ a fine of 250.00. I did 25hrs of comm. service, in lieu of the fine. End of case.

NSBMT

MAR 07 2012

RECEIVED

mwilho

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 10M31551X

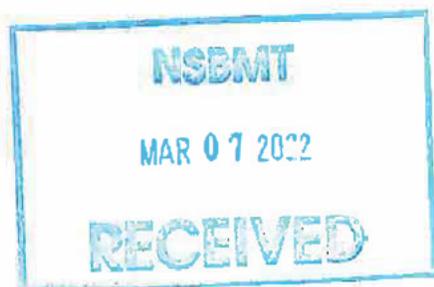
STATE VS: WILLIAMS, MEAGHAN M ID #: 02756702
AKA: WILLIAMS, MEAGHAN DR NUMBER:
START DATE: 10/08/2010
ARRESTED BY: MCMANUS, PARKER R ARREST DATE: 10/08/2010
SUBMITTED BY: NO SUBMITTING OFFICER SUBMIT DATE: 10/08/2010
PROSECUTOR: MICHAEL SCHWARTZER DISPO DATE: 12/17/2010

001 CHARGE: 201.354 M SOLICITING PROSTITUTION
DISPOSITION: ----GUILTY---- TRESPASS

SENTENCED: 12/17/2010
FINED: \$ 250 EXCUSED: \$ 0
JAIL TIME: MOS DAYS HRS CONS/CONC:
CTS : MOS DAYS HRS
COMM SERV: DAYS HRS MIN
RESTITUTION: \$ 0 CONTRIBUTION: \$ 0 DRUG FEE: \$ 0
EDUCATION:

NONE
MAY DO 25 HRS COMM SERVICE IN LIEU OF FINE

CITATION: 1010081333 PCN: 0025215763 SEQ: 001

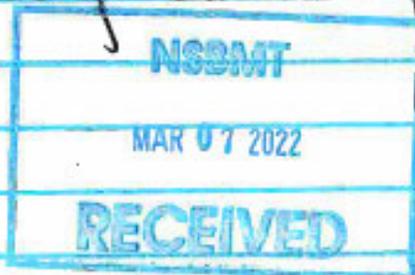


JUSTICE OF THE PEACE - DEPT. 09

10-08-2010 LAS Vegas Warrant

On 10-08-2010 I was walking to Smart and Final grocery store. Once I got in the parking lot I was stop by the black and white police. I gave the police my ID and I was told I had an warrant for my arrest. The warrant was for the incident dated 09-04-2010. I was told that I had to be arrested.

I was in jail for a few days. Then I was released with a new court date. When I went to my new court date the judge give me a fine of 250.00. But I did 25hrs of Comm Service in lieu of the fine. Which was the end for that case. But I was charged for trespassing for the date 10-08-2010. Nothing come of that case.



Handwritten signature or initials

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 12B
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 11M05452X

STATE VS: WILLIAMS, MEAGHAN M

ID #: 02756702

AKA: WILLIAMS, MEAGHAN

DR NUMBER:

START DATE: 02/02/2011

ARRESTED BY: GUENTHER, JACK L

ARREST DATE: 02/02/2011

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 02/02/2011

PROSECUTOR: HETTY WONG

DISPO DATE: 05/17/2011

001 CHARGE: 201.354 M SOLICITING PROSTITUTION
DISPOSITION: ----GUILTY---- SOLICITING PROSTITUTION

SENTENCED: 05/17/2011

FINED: \$ 250

EXCUSED: \$ 0

JAIL TIME: MOS

DAYS HRS

CONS/CONC:

CTS : MOS

DAYS HRS

COMM SERV: DAYS

HRS MIN

RESTITUTION: \$ 0 CONTRIBUTION: \$ 0 DRUG FEE: \$ 0

EDUCATION: AIDS AWARENESS COUNSELING

NONE

DEPT MAY DO 16 HRS C/S IN LIEU OF FINE PLUS PAY
\$92 IN OTHER FEES

CITATION: 1102021559

PCN: 0025235282

SEQ: 001



JUSTICE OF THE PEACE DEPT 12
Diana L. Johnson

02-02-2011

Las Vegas

Date

02-02-2011 I was walking down the street to the gas station.

When a vehicle approached me and ask did I want a ride. I said yes I would like a ride. Once in the vehicle we begin to talk. Some words were exchanged I cant remember exactly what was said. But I was told that I was under arrest for soliciting prostitution, due to the fact that I got in the vehicle and took the ride. I was in jail for 48hrs I went to court the

judge gave me a 250.00 fine and I had to take AIDS Awareness Counselor with 16 hrs of comm/service in lieu of the fine. I did all of those things and I haven't been in trouble with the law since.



mWilbas

In the Municipal Court of
 In the Justice Court of Clark County
Court Case #

**State of Nevada
CLARK COUNTY**

Las Vegas Metropolitan Police Department

COURT

Event #: 110218-0528
ID #: 2756702

1-04697317 A

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
NRS 179A
By: 61779M Date: 11/04/21
Las Vegas Metro Police Dept.

Adult Juvenile

Traffic Accident
 Non-Traffic Warning
 Parking Meter #

TRAFFIC/MISDEMEANOR CITATION/COMPLAINT
 School Zone Hazmat
 Construction Zone S.T.E.P.
 Urban Rural

Injuries Crime Report
 Officer's Report
 Evidence Logged Arrest
 Aircraft Clock Number
 Radar Other
Explain:

Travel Direction: N S E W W Seal/Area: M Mile Marker:

At Location: 1155 E TWIN LANE 89119

Violation Date: 2-18-11 Time: 0415 Issue Date: 5/11- Time:

Day Code: 1 2 3 4 5 6 7
Had Been Drinking: Yes No Unknown

Defendant Type: Driver Passenger Pedestrian
Test Type: PBT Blood Breath UA
 Other Explain: Drugs Suspected Results: %

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF NEVADA

NAME (Last, First, Middle): WILLIAMS MEAGAN
Address: Physical Mailing City: State: Zip: City:
DOB: Race: B Sex: F Height: 5-7 Weight: 150 Hair: BLK Eyes: BRN
OLN / ID: COL State: Class: Expiration: Restrictions: Endorsements:
Vehicle has current proof of insurance? Yes No Expiration Date of Insurance Card:

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE AT THE ABOVE LISTED LOCATION:

Commercial Vehicle US DOT #: VIN #:
Vehicle License: Lic. State: Expiration: Year: Make: Model: Type: Color:
Reg. Owner: Same Address:

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1 Violation: FALSE INFO TO A P/O 9/8/10
Posted Speed: Actual Speed: Cited Speed: NRS CFR County Code Municipal Code
To Wh: DID AFTER DUE NRS/County/City # 197-190
NOTICE PROVIDE FALSE INFORMATION TO A PUBLIC'S NORMAN BY GIVING A FALSE NAME AND DOB -
2 Violation: CODE
To Wh: NRS CFR County Code Municipal Code
NRS/County/City #
Violation Code:

I certify (or declare) that I have reasonable grounds/probable cause to believe and do believe that above named person committed the above offense(s) contrary to law.

Officer/Complainant's PRINTED Name: S NORMAN Officer/Complainant's Signature: [Signature] P#: 0386 Bureau: SC11
Las Vegas Municipal Court POB 3650 200 Las Vegas Blvd. N. Las Vegas, NV 89101 702-382-6878 1-800-554-6868
Las Vegas Justice Court 200 Louis Ave. Las Vegas, NV 89101 702-671-0444 1-877-971-0393
Justice Court Services 601 N. Peace Rd. Las Vegas, NV 89101 702-455-0300
Boodysprings Justice Court 243 Water St. Jean, NV 89019 702-874-1405
Henderson Justice Court 243 Water St. Henderson, NV 89015 702-455-7960
Henderson Municipal Court 243 Water St. Henderson, NV 89015 702-267-3000
North Las Vegas Justice Court 2425 West Sahara King Blvd., North Las Vegas, NV 89032 702-455-7801

You are hereby ordered to appear on _____ day of APRIL year 11 at 7:30 P.M. in front of the undersigned court.
WITHOUT ADMITTING HAVING COMMITTED THE ABOVE OFFENSE(S), I HEREBY PROMISE TO RESPOND AS DIRECTED ON THIS NOTICE AND WAIVE MY RIGHT TO BE TAKEN IMMEDIATELY BEFORE A MAGISTRATE (NRS 484.799 AND NRS 484.800) AND TO REQUEST A COURT APPEARANCE (NRS 484.801).
Defendant's Signature: [Signature] Interpreter Needed? Court Mandatory Violation Code(s):

NSBMT
NOV 04 2021
RECEIVED

NOV 02 2021

on file with the Las Vegas Metropolitan Police Department

Simone Dani
Las Vegas Metropolitan Police Dept.

ARREST REPORT/NOTES FOR TESTIFYING IN COURT

On all misdemeanor offenses, other than traffic and misdemeanor citations issued on citizens arrests, an arrest report must be hand printed in the spaces provided for below. This report must contain a sufficient amount of information to establish the corpus delicti, and physical evidence, witnesses, and any specific acts of defendant which increased the seriousness of the offense.

ON 2-18-11 AT APPROX 0410 HRS I OFFICER

J NORMAN PF 0384 AS UNIZ WAS DISPATCHED TO ASSIST ANOTHER OFFICER FOR SUBJECTS PASSED OUT IN A VEHICLE AT 1155 E TWAIN.

UPON ARRIVAL I MADE CONTACT WITH THE PASSENGER WHO IDENTIFIED HERSELF AS VICTORIA STEWART. I WARNED "STEWART" THAT IF SHE LIES TO ME ABOUT HER NAME, DOB OR SSS# SHE COULD BE ARRESTED OR CITED FOR FALSE INFO TO A P/O. "STEWART" RESTATED THAT THE INFO SHE GAVE ME WAS CORRECT & ACURATE. THROUGH FURTHER INVESTIGATION IT WAS DETERMINED THAT "STEWART'S" CORRECT INFO WAS ACTUALLY "MEAGHAN WILLIAMS" DOB [REDACTED] AFTER CONFRONTING WILLIAMS ABOUT HER FALSE INFO AGAIN SHE ADMITTED THAT WILLIAMS WAS HER REAL NAME AND THAT SHE LIED BECAUSE SHE THOUGHT SHE HAD A WARRANT. WILLIAMS WAS CITED / RELEASED.

EVIDENCE: Yes No LOCATION:
WITNESSES: (include addresses and phone numbers)

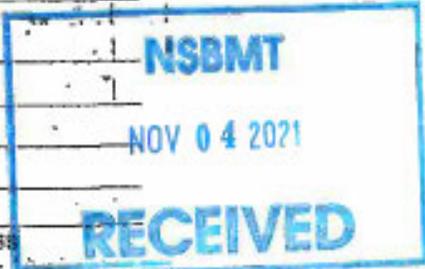
JUVENILE'S PARENTS NOTIFIED

Yes No

Parent/Guardian Name

Address

(REV. 10-07)





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@lmt.nv.gov

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

May 4, 2022

Meaghan M. Williams

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. Williams:

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 June 8, 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/86823524551?pwd=ZkJLeWhDRWs0QWNYSWZvRm5tY0w5dz09>

Meeting ID: 868 2352 4551

Password: 854386

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,

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

Sandra J. Anderson
Executive Director

COPY

9489 0090 0027 6421 4192 50