

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: November 9, 2023

APPLICANT: Kimberly Anderson  
REVIEW UNDER: NRS 640C.700

**BACKGROUND INFORMATION:**

Ms. Anderson's massage application is before you today for review that could not be approved administratively. Ms. Anderson 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
- Denied
- Tabled

**PROBATION CONDITIONS: Per NRS 640C.710(1) (a) and NAC 640C.075(2):**

<input type="checkbox"/> a. Report to the board 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. Notify the board of any changes in his or her employment.
<input type="checkbox"/> e. Complete an ethics course of within 90 calendar days after the issuance of the license.	<input type="checkbox"/> f. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> g. Attend a probation orientation -	<input type="checkbox"/> h. Take any other action that the Board deems appropriate. -
<input type="checkbox"/> i. Take any combination of the actions set forth in paragraphs (a) to (h), inclusive -	

**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
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	



# Nevada State Board of Massage Therapy

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

**Application:** License Application  
**Application Number:** OL230615075072

**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 :** ANDERSON

**First Name :** KIMBERLY

**Middle Name :**



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

No record found.

### Mailing address :

**Street :** 351 EMMARENE ST

**City :** MESQUITE

**State :** NV

**Zip :** 89027

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

**Street :** 351 EMMARENE ST.

**City :** MESQUITE

**State :** NV

**Zip :** 89027

**Social Security Number :**

**Date of Birth :**

**Place of Birth :** Heber Ut

**Gender :**  Male  Female

**Home/Cell Phone :** (385) 219-8166

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 Therapists, Reflexology or Structural Integratonlist.

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
UT	5877316-4701	2005	05/31/2025

**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
Utah College of Massage Therapy	London	2004 - 2005	48

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
230615075072-227751-Transcript.pdf	UTAH COLLEGE-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
NCETMB	Orem/Ut	05/16/2005

National Exam Status : Date Received : Score Report Received 

Document Name	User Defined Document Name	Document Status
230615075072-227708-ScoreReportCard.pdf	NCETMB	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.

Date of Revocation	Licensing Agency	Reason for action	Name and Address of Employer
10/26/2018	DOPL Utah,	I was placed on 18 months probation relating to drug and theft charges	Sicilly Hill 160 E 300 S Salt Lake, UT 84114

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 :** ANDERSON

**First Name :** KIMBERLY

**Middle Name :**

**Street :** 351 Emmarene St

**City :** Mesquite

**State :** NV

**Zip :** 89027

**Date :** 6/27/2023

**Submitting Agency :** Nevada State Board of Massage  
Therapy

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

#### VETERAN

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

Have you ever served in the military:  Yes  No

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

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

**Military Occupation Specialty/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **KIMBERLY ANDERSON** 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 : kimberly anderson

Date : 7/7/2023

### 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
Certified Statement	OL230615075072-230274-Certified-Statement.pdf	UT VERIF	
Certificate of Completion	OL230615075072-229204-Certificate-of-Completion.pdf	UTAH COLLEGE OF MASSAGE THERAPY-DIPL	
Transcript	230615075072-227751-Transcript.pdf	UTAH COLLEGE-TRANSCP	
Photo	230615075072-passport.jpg		
Score Report Card	230615075072-227708-ScoreReportCard.pdf	NCETMB	
Current Massage License	OL230615113462-227106-Current-Massage-License.pdf		
Social Security Card	OL230615113462-227105-Social-Security-Card.jpg		
Government Issued ID Card	OL230615113462-227104-Government-Issued-ID-Card.jpg		

### Application Fees

**All fees are non-refundable.**

### Fee Detail(s)

### Payment Detail(s)

Payment Method:

Amount Paid:



**Cortiva Institute - Orem Campus**  
 143 N. State Street,  
 Orem, UT 84057

*Official Transcript as of 08/23/2019 2:19 pm*

SSN: Kimberly Anderson  
 P.O. Box 828  
 Heber UT 84032

Birthdate:  
 Gender: F

Description	Grade	From	To	Clock Hours	Credit Hours	Credits Earned	GPA Credits	Total Points
<b>Class: DP34</b>								
Acupressure	A	08/11/04	10/05/04	35.0	2.0	2.0	2.0	8.0
Advanced Massage Therapy	A	09/13/04	10/12/04	42.0	2.5	2.5	2.5	10.0
Anatomy/Physiology I	C	08/10/04	10/13/04	38.5	3.0	3.0	3.0	6.0
Anatomy/Physiology II	A	10/18/04	12/22/04	38.5	3.0	3.0	3.0	12.0
Anatomy/Physiology III	B	01/04/05	03/08/05	38.5	3.0	3.0	3.0	9.0
Client-Centered Bodywork	A	01/03/05	03/09/05	24.5	1.5	1.5	1.5	6.0
Clinical Internship I	A	09/18/04	10/17/04	20.0	0.5	0.5	0.5	2.0
Clinical Internship II	A	10/18/04	12/23/04	49.5	1.5	1.5	1.5	6.0
Clinical Internship III	A	01/03/05	03/13/05	49.5	1.5	1.5	1.5	6.0
Cranial Sacral Therapy	A	10/20/04	12/20/04	28.0	1.5	1.5	1.5	6.0
Health Related Topics	A	08/12/04	10/13/04	17.5	1.0	1.0	1.0	4.0
Hydrotherapy and Spa Preparation	B	10/19/04	12/22/04	28.0	1.5	1.5	1.5	4.5
Injury Massage	A	01/05/05	03/08/05	38.5	2.5	2.5	2.5	10.0
Massage Therapy Basics	B	08/09/04	09/09/04	45.5	3.0	3.0	3.0	9.0
Movement and Assessment Techniques	A	08/30/04	10/11/04	21.0	1.0	1.0	1.0	4.0
Pathology	A	01/10/05	02/28/05	24.5	2.0	2.0	2.0	8.0
Professional Development I	A	08/09/04	09/07/04	14.0	1.0	1.0	1.0	4.0
Professional Development II	A	09/22/04	10/12/04	7.0	0.5	0.5	0.5	2.0
Professional Development III	A	10/19/04	11/15/04	14.0	1.0	1.0	1.0	4.0
Professional Development IV	A	11/24/04	12/20/04	10.5	1.0	1.0	1.0	4.0
Professional Development V	A	01/04/05	03/09/05	10.5	1.0	1.0	1.0	4.0
Reflexology	A	08/10/04	09/15/04	21.0	1.0	1.0	1.0	4.0
Russian Sports Massage	B	01/03/05	03/07/05	45.5	3.0	3.0	3.0	9.0
Seated Massage	A	10/21/04	11/02/04	10.5	0.5	0.5	0.5	2.0
Shiatsu	A	10/18/04	12/21/04	42.0	2.5	2.5	2.5	10.0
Sports Massage	A	10/21/04	12/07/04	28.0	1.5	1.5	1.5	6.0
Structural Bodywork I	A	10/26/04	12/21/04	31.5	2.0	2.0	2.0	8.0
Structural Bodywork II	A	01/06/05	02/15/05	17.5	1.0	1.0	1.0	4.0
Trigger Point Therapy	A	01/06/05	03/07/05	24.5	1.5	1.5	1.5	6.0
Summary for Class = DP34 (29 course(s))				815.5	48.5	48.5	48.5	177.5
Start Date: 08/09/2004 Status: G Last Date Attended: 04/02/2005								



**Cortiva Institute - Orem Campus**

143 N. State Street,  
Orem, UT 84057

Official Transcript as of 08/23/2019 2:19 pm

SSN: Kimberly Anderson  
P.O. Box 828  
Heber UT 84032

Birthdate:  
Gender: F

Description	Grade	From	To	Clock Hours	Credit Hours	Credits Earned	GPA Credits	Total Points
<b>Cumulative Total:</b>				815.5	48.5	48.50	48.5	177.5
						G.P.A.	3.66	

Legend	
A = 4.0	NC = No Credit Possible
B = 3.0	W = Withdrawal
C = 2.0	T = Transfer
F = 0.0	F = Fail
	R = Repeated
	I = Incomplete Coursework

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Registrar





# Utah College of Massage Therapy

The Administration of  
the Utah College of Massage Therapy  
does hereby declare that

**Kimberly Anderson**

has completed the 48.5 Credit hour  
Professional Massage Therapy Program.

April 02, 2005



*Cassandra Coon*  
CAMPUS DIRECTOR



*Con Johnson*  
EDUCATION MANAGER

## Official NCBTMB Score Report



**Kimberly Anderson**

947 W 1010 N, Apt 10  
Orem, UT 84057  
UNITED STATES

**DOB:** 05/16/1978



**Exam Name:** NCETMB

**Exam Date:** 5/16/2005

**Exam Result:** PASS

**Candidate ID:** 435656-00

Please accept this as the Official Score Report for the candidate listed above for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

If you have any questions, please contact [scores@ncbtmb.org](mailto:scores@ncbtmb.org) or call 800-296-0664.





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: 07/19/2023

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

Name of Licensee (as it appears in our records): Kimberly Anderson

Classification of License Issued: Massage Therapist

License Number: 5877316-4701

Obtained By: Application - School

Current Status: Active

Original Date of Licensure: 05/23/2005

Expiration Date: 05/31/2025

Agency and Disciplinary Action: YES

Docket and Citation Number(s): , 2018-453, 40247

E-Prescriber:

Education:

SCHOOL NAME	MAJOR	GRADUATION DATE	DEGREE	HOURS
Utah College of Massage Therapy		04/02/2005	Certificate of Completion	815

EXAM SCORES:

EXAM BATTERY	EXAM TYPE	STATE	RESULTS	SCORE	DATES
1000	Utah Law and Rule	UT	Pass	84%	03/30/2005

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





L. MITCHELL JONES (U.S.B. 5979)  
Assistant Attorney General  
SEAN D. REYES (U.S.B. 7969)  
Utah Attorney General  
Commercial Enforcement Division  
Heber M. Wells Building  
Box 140872  
Salt Lake City, UT 84114-6741  
Telephone: (801) 366-0310

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BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH

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IN THE MATTER OF THE LICENSE OF )  
**KIMBERLY ANDERSON** ) STIPULATION AND ORDER  
UTAH LICENSE #5877316-4701 )  
TO PRACTICE AS A )  
MASSAGE THERAPIST ) CASE NO. DOPL 2018- 453  
IN THE STATE OF UTAH )

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**KIMBERLY ANDERSON** ("Respondent") and the **DIVISION OF  
OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of  
the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.
2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Massage Therapy Licensing Board ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent, to other persons and entities.

7. Respondent admits the following facts are true:

- a. Respondent was first licensed as a massage therapist in the State of Utah on or about May 23, 2005. Respondent's license expired on May 31, 2017, when Respondent failed to renew it. Respondent submitted an application for relicensure in September 2018.
- b. On or about October 26, 2016, Respondent entered a guilty plea to one count of retail theft, a Class B misdemeanor in West Valley City Justice Court, Salt Lake County, State of Utah on February 13, 2017. Respondent was fined and ordered to 12 months probation. Terms included substance abuse assessment and drug/alcohol testing.
- c. Respondent entered a guilty plea to one count of unlawful use and/or possession of a controlled substance, a Class A misdemeanor in 4th District Court, Utah County, State of Utah on August 8, 2017. Respondent was fined, sentenced to jail, and ordered to complete a substance abuse evaluation and complete recommended treatment. Respondent was admitted to treatment on September 15, 2017.
- d. Respondent entered a guilty plea to one count of theft of services, a Class B misdemeanor in Salt Lake County Justice Court, State of Utah on September 5, 2017. Respondent was sentenced to 5 days in jail.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a), (c), and (e); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

- (1) Respondent shall be issued a Respondent's license shall be revoked. The revocation of Respondent's license shall be immediately stayed and Respondent's license shall be subject to a term of probation for a period of 18 months. The period of probation shall commence on the effective date of this Stipulation and Order, which is the date the Division Director signs the Order. During the period of probation, Respondent shall be subject to all of the following terms and conditions. If the Board or Division later deems any of the conditions



unnecessary such deletions may be made by an amended order issued unilaterally by the Division.

- (a) Respondent shall meet with Division Compliance Specialist Sicily Hill within **two weeks** of the signing of the accompanying Order. Ms. Hill may be reached at (801) 530-6128, or by email at [shill@utah.gov](mailto:shill@utah.gov).
- (b) **Meetings with Board.** Respondent shall meet with the Board and Division at the first scheduled Board meeting after the effective date of the Order. Respondent shall meet with the Board and Division on a quarterly basis or at other greater or lesser frequency as determined by the Board and Division.
- (c) **Supervised Practice.** Respondent shall practice only under the supervision of a Division and Board approved supervisor during the term of Respondent's probation. Respondent's supervisor shall be licensed as a massage therapist in Utah. Any changes in supervision may be made only with the consent of the Division and Board. Respondent shall deliver a copy of this Order to Respondent's supervisor (within ten days of the establishment of the supervisory relationship) and cause Respondent's supervisor to notify the Division in writing that a copy has been received. Supervisor shall also write the Division to confirm his or her understanding of the terms of the Order.
- (d) **Supervisor Reports.** Respondent shall cause Respondent's supervisor to submit reports to the Board and Division assessing Respondent's compliance with the terms of Respondent's probation and professional ethics. The reports shall be submitted monthly, or at such frequency as directed by the Board and Division. The receipt of an unfavorable report may be considered to be a violation of probation.
- (e) **Non-Employment in Massage Therapy.** If Respondent is not currently employed in Respondent's licensed profession, Respondent shall submit the supervisor report form on the date it is due and indicate on the form that Respondent is not currently employed in Respondent's licensed profession, or that Respondent is not currently working.
- (f) **Notification of Employer of Terms of Probation.** Respondent shall notify any employer of Respondent's restricted status and the terms of this Order. Respondent shall provide a copy of this Order to Respondent's employer and cause Respondent's employer to acknowledge to the Division and Board in writing that a copy of the Order has been provided to the employer.

- (g) **Abstention from Drug and Alcohol.** Although the use and possession of alcohol is generally legal for persons age 21 and older, Respondent agrees to abstain from the personal use or possession of alcohol in any form. Respondent agrees to abstain from the personal use or possession of controlled substances and prescription drugs, unless such controlled substance or prescription drug is lawfully prescribed to Respondent for a current bona fide illness or condition by a licensed practitioner and taken by Respondent in accordance with that practitioner's instructions. Respondent shall abstain from the use of any and all other mood altering substances or use of mood altering substances for any other purpose than the purpose for which the substance is intended.
- (h) **Drug and Alcohol Testing.** Respondent shall provide samples (urine, blood, saliva, hair, or any other type of sample requested) for drug analysis upon the request of the Division, to be conducted by any company with which the Division has contracted to conduct drug testing, or any other company or program pre-approved by the Division. The designated company may also request such samples and Respondent shall comply with such requests. Respondent shall call in to a designated phone number every day to determine if Respondent is required to provide a sample for drug analysis. The Division shall determine when and where Respondent is to submit for testing. Respondent shall pay for the cost of drug testing and shall accurately complete and sign any and all release forms requested by the Division or the drug testing company with respect to drug testing. Any report from a drug testing company that indicates that Respondent failed to provide a sample for drug analysis as directed will be considered a positive drug test result for Respondent and will subject Respondent to additional sanctions. Any drug test result or pattern of results that indicates that the sample provided by Respondent for drug analysis is diluted to an extent that it cannot be analyzed will be considered a positive drug test result for Respondent and will subject Respondent to additional sanctions. The Division may accept drug and alcohol testing results from a company or program outside of its own Affinity program.
- (i) The Division may take appropriate action to impose sanctions if: (i) Respondent tests positive for alcohol, a prescription drug, a controlled substance, or any mood altering substance which cannot be accounted for by an administration or prescription by a lawful practitioner for a current medical condition; or (ii) Respondent violates any federal, state or local law relating to Respondent's practice, the Controlled Substance Act; or a term or condition of this Stipulation and Order. Sanctions may include revocation or suspension of Respondent's license, or other appropriate

sanction, in the manner provided by law.

- (j) Respondent shall provide the Division with a copy of all Respondent's prescriptions for prescription drugs, controlled substances, or any other mood altering substance, within forty-eight (48) hours after the prescription has been written.
- (k) Respondent shall report to the Division within forty-eight (48) hours any and all medications and controlled substances administered or dispensed to Respondent by any other individual.
- (l) **Notification of the Division of Employment Changes.** Respondent shall notify the Division and Board within one (1) week of any change of employer or employment status. This is required regardless of whether Respondent is employed in Respondent's licensed occupation. The notification shall be in writing.
- (m) **Notification of Division if Leaving Utah for More than 60 Days.** In the event that Respondent leaves Utah for a period longer than 60 days, Respondent shall notify the Division and the Board in writing of the dates of departure and return. The licensing authorities of the jurisdiction to which Respondent moves must be promptly notified of the provisions of this Order. Periods of residency or practice outside Utah may apply to the reduction of the probation period if the new state of residency places Respondent's license on probation with equal or greater terms and conditions.
- (n) **Periods of Unemployment.** Periods of unemployment or employment in other fields of practice shall be reported by Respondent to the Division and shall not count toward completion of probation. Should Respondent not be employed in Respondent's licensed occupation during Respondent's probationary period for a consecutive period of more than sixty (60) days, that period shall not apply to the reduction of probation, though the terms of probation shall remain applicable. Respondent must work as a massage therapist, at least eight (8) hours per week and no more than forty-eight (48) hours per week to be considered "practicing" in Respondent's profession. It shall be within the discretion of the Board and Division to modify this requirement if Respondent satisfactorily explains to the Board and Division that compliance in Respondent's case is impractical or unduly burdensome.
- (o) Should other acts of unprofessional conduct come to the attention of the Division or Board which have occurred prior to the entry of the Order in



this case or should Respondent violate probation in any respect, the Division may, in addition to taking action as provided for herein, after giving Respondent notice and the opportunity to be heard, revoke probation or impose sanctions in accordance with applicable law.

- (p) If a petition is filed against Respondent during Respondent's probation, the period of probation shall be extended until the matters alleged in the petition are fully resolved.
- (q) Respondent shall complete all terms and conditions of any criminal sanctions, incurred before or during the period of this agreement, including probation or parole. If Respondent has not successfully completed all terms and conditions or Respondent's criminal probation at the time Respondent's administrative probationary period ends, the period of Respondent's administrative probation shall be extended until all conditions of Respondent's criminal probation have been successfully completed.
- (r) **Notification of Change of Address.** Respondent shall immediately notify the Division, in writing, of any changes in private or professional address and agrees that written communication by the Division and/or the Board shall be mailed to Respondent at the last address provided to the Division via first class U.S. Mail, and shall constitute notice to Respondent.
- (s) **Failure to Pay Costs Associated with Probation.** Failure to pay for any of the costs associated with this probation shall be considered a violation of this Order. Respondent further agrees to complete all conditions of probation in a timely manner. Where a specific time for completion is not stated in this Order, it shall be within the Division and Board's discretion to set a time for completion.
- (t) Respondent agrees to keep Respondent's Utah license active during the period of probation.
- (u) Respondent shall notify the Division immediately if Respondent is charged or arrested with any criminal conduct and understands that a conviction is a violation of this agreement.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order

and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and Respondent waive any claim of bias or prejudice they might otherwise have with regard to the Director by virtue of the Director having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's

license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent shall practice only under Respondent's name as set forth in the caption of this Stipulation and Order. If Respondent intends to practice under any other name, then, prior to practicing under any other name, Respondent shall inform the Division in writing, and Respondent and the Division shall enter into an Amended Stipulation and Order, which consists of the new name Respondent intends to practice under, along with all the same terms and conditions in the original Stipulation and Order.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &  
PROFESSIONAL LICENSING

RESPONDENT

BY: Allyson Pettley  
ALLYSON PETTLEY  
Bureau Manager

BY: Kimberly Anderson  
KIMBERLY ANDERSON

DATE: 10/8/18

DATE: 10/4/2018

SEAN D. REYES  
UTAH ATTORNEY GENERAL

BY: L. Mitchell Jones  
L. MITCHELL JONES  
Counsel for the Division

DATE: 9 Oct 18



**ORDER**

THE ABOVE STIPULATION, in the matter of **KIMBERLY ANDERSON**, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 11<sup>th</sup> day of October, 2018.

DIVISION OF OCCUPATIONAL AND  
PROFESSIONAL LICENSING

  
\_\_\_\_\_  
MARK B. STEINAGEL  
Director

Investigator. Allyson Pettley

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH

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IN THE MATTER OF THE LICENSE OF :  
KIMBERLY ANDERSON : ORDER REINSTATING LICENSE  
TO PRACTICE AS A :  
MASSAGE THERAPIST :  
IN THE STATE OF UTAH : Case No. DOPL-2018-453

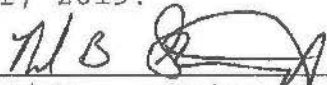
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BY THE DIVISION:

Respondent has satisfied the terms and conditions as set forth in the Division's Stipulation and Order, dated October 11, 2018, in the above-referenced case number.

IT IS HEREBY ORDERED the probation on the license of KIMBERLY ANDERSON to practice as a massage therapist is terminated and said license be reinstated with full privileges effective the date of this Order.

Dated this 12 day of December, 2019.

  
\_\_\_\_\_  
Mark B. Steinagel  
Division Director





**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](mailto:nvmassagebd@lmt.nv.gov)

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

October 5, 2023

Kimberly Anderson  
351 Emmarene St.  
Mesquite, NV 89027

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. Anderson:

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 November 9, 2023. Participants can join the meeting via Zoom or by appearing in person. 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/83352344698?pwd=WTNBN3ZlVkcycdEZBM0RCbmdyZThyUT09>

Meeting ID: 833 5234 4698

Password: 501453

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

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

COPY

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,



Elisabeth Barnard  
Executive Director

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