

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: November 9, 2023

APPLICANT: Schuyler F.S. Wulfsberg-Gesmundo

REVIEW UNDER: NRS 640C.700

**BACKGROUND INFORMATION:**

Mr. Wulfsberg-Gesmundo's massage application is before you today for review that could not be approved administratively. Mr. Wulfsberg-Gesmundo is requesting to be granted a license under NRS 640C.580 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:** OL220818020209

**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 :** WULFSBERG-GESMUNDO  
**First Name :** SCHUYLER  
**Middle Name :** F.S.



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

No record found.

### Mailing address :

**Street :** PO BOX 2158  
**City :** TRUCKEE **State :** CA **Zip :** 96160

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

**Street :** 12904 SIERRA DR E  
**City :** TRUCKEE **State :** CA **Zip :** 96161

**Social Security Number :** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_  
**Place of Birth :** CARNELIAN BAY CA **Gender :**  Male  Female  
**Home/Cell Phone :** (530) 205-8818

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 Integrationist.

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
CA	88371	2021	10/26/2023

**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
THE BODHI TREE CENTER	CARSON CITY	2016 - 2021	650

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
220818020209-190010-Transcript.pdf	THE BODHI TREE CENTER-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
MBLEX	RENO, NV	08/02/2021

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
220818020209-190011-ScoreReportCard.jpg	MBLEX	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 :** WULFSBERG-GESMUNDO

**First Name :** SCHUYLER

**Middle Name :** F.S.

**Street :** PO BOX 2158

**City :** TRUCKEE

**State :** CA

**Zip :** 96160

**Date :** 9/15/2022

**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, **SCHUYLER WULFSBERG-GESMUNDO** 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 : Schuyler Fabian Serafino Wulfsberg-Gesmundo

Date : 4/6/2023

### 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
Photo	14268-219032-WULFSBERG-GESMUNDO, SCHUYLER.jpg		
Certified Statement	220818020209-202666-Certified-Statement.pdf	CA VERIF	
Certificate of Completion	220818020209-202664-Certificate-of-Completion.pdf	THE BODHI TREE CENTER-	DIPL
Score Report Card	220818020209-190011-ScoreReportCard.jpg	MBLEX	
Transcript	220818020209-190010-Transcript.pdf	THE BODHI TREE CENTER-	TRANSCP
Current Massage License	MI220818015608-190009-Current-Massage-License.pdf	CA LIC	
Social Security Card	MI220818015608-190008-Social-Security-Card.pdf	SS	
Government Issued ID Card	MI220818015608-190007-Government-Issued-ID-Card.pdf	DL EXP: 09/2025	

### Application Fees

All fees are non-refundable.

### Fee Detail(s)

### Payment Detail(s)

Payment Method:

Amount Paid:





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6 Carson City NV 89701

775-884-1145 John Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/7/2021 11:27:35 AM

16-308

**Schuyler Wulfsberg-Gesmundo**

*The following package includes the OFFICIAL TRANSCRIPTS for the "Basic Massage Program". This Transcript is not OFFICIAL unless the first and last pages are signed by an authorized signature.*

John M. Thorpe, Director:

A handwritten signature in black ink, appearing to read "John M. Thorpe", is written over a horizontal line.





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/7/2021 11:26:56 AM

16-308

### Schuyler Wulfsberg-Gesmundo

Graduation Date: August 7th, 2021

Clinical Massage Hours: 100.00 Class Hours: 559

**GRADUATED**

#### Acupressure

ACU-102	Basic Acupressure Techniques	15
		<b>15</b>

#### Anatomy & Physiology

AP-001	General Introduction to Anatomy & Physiology	5.25
AP-002	Integumentary System	3
AP-003	Skeletal System	12
AP-004	Muscular System	9
AP-005	Cardiovascular System	5.25
AP-006	Lymphatic & Immune System	3
AP-007	Respiratory System	7
AP-008	Nervous System - Overview	3
AP-009	Central Nervous System	2.5
AP-010	Peripheral Nervous System	3
AP-011	Autonomic Nervous System	3
AP-013	Digestive System	7.75
AP-014	Metabolism	5.25
AP-015	Endocrine System	3
AP-016	Urinary System, Fluids, Acid-Base	3
AP-019	Anatomy & Physiology Review	3
AP-020	Reproductive System	4.5
		<b>82.5</b>

#### Business of Massage

BUS-102	Business of Massage	14.5
HOT-325	Client Communication and Retention	6
		<b>20.5</b>

#### Chinese Techniques

TCM-205	Basic Qi Gong Techniques	12
		<b>12</b>

#### Craniosacral Therapy - Biodynamic

HOT-120	Biodynamic Craniosacral Therapy	24
		<b>24</b>

#### Energy-Medicine Healing

ALT-102	Fundamentals of Energy-Medicine Healing	12
ALT-103	Introduction to Energy-Medicine Healing	6
ALT-301	Quantum Light Energy-Medicine Healing	19.5
		<b>37.5</b>



16-308

The Basic Massage Program is a 650 Hour program. Consisting of 550 Classroom Hours and 100 Practical Massage Hours.





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite G, Carson City NV 89701 - NCBTMB# 450816 776-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/7/2021 11:26:56 AM

### Ethics of Massage

BUS-101	Ethics of Massage	20.5
		20.5

### Fascia-Based Therapies

HOT-219	Fascial Freedom Therapy	17.8
HOT-324	Fascial Freedom Cupping Massage w/Silicone Cups	24
		41.8

### Hands On Techniques

BST-101	Accelerated Soft Tissue Release	6
		6

### Hands On Techniques - Various

HOT-101	Basic Massage with Sanitation & Communication	31.75
HOT-103	Soft Tissue Releases	12
HOT-104	Deep Tissue Massage	12
HOT-108	Therapeutic Massage for the Head, Neck and Face	12
HOT-109	Therapeutic Massage for the Back and Hips	18
HOT-110	Therapeutic Massage for the Shoulder, Arms, Hands	18
HOT-111	Therapeutic Massage for the Legs and Feet	3.5
HOT-224	Treatment Planning	12
HOT-319	Nerve Pain Massage	2
SCS-101	Positional Releases	6
		127

### Holistic Health & Healing

HOL-109	Shamanic Massage	18
		18

### Kinesiology

K-001	Kinesiology	9
K-002	Kinesiology	12
K-003	Kinesiology	12
K-004	Kinesiology	7
KR	Kinesiology Review	4
		44

### Licensing Exam Preparation

MBX-101	MBLEx Licensing Exam Preparation Course	14
		14

### Lomi Lomi

HOT-212	Lomi Lomi	18
		18

### Pathology/Contraindications

PATH-001	Introduction to Pathology	3
PATH-002	Integumentary Pathology	3



16-308

The Basic Massage Program is a 650 Hour program. Consisting of 550 Classroom Hours and 100 Practical Massage Hours.



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John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

8/7/2021 11:26:56 AM

PATH-003	Musculo-Skeletal Pathology	2
PATH-005	Nervous Pathology	6
PATH-006	Pathology of Pain	3
PATH-008	Communicable & Infectious Disease	3
PATH-009	Arthritis	9
PATH-010	Medications and Massage	4.5
PATH-011	Pathology Review	11
		<b>44.5</b>

### Reflexology

REF-101	Reflexology of the Hand and Foot	6
		<b>6</b>

### Reiki

RKI-101	Reiki Level 1	12
		<b>12</b>

### Self-Care

ALT-106	Self-Care with Self-Massage	3
		<b>3</b>

### Spa Techniques

SPA-101	Spa Techniques	6
		<b>6</b>

### Sports Massage

SMT-101	Basic Sports Massage	6
		<b>6</b>

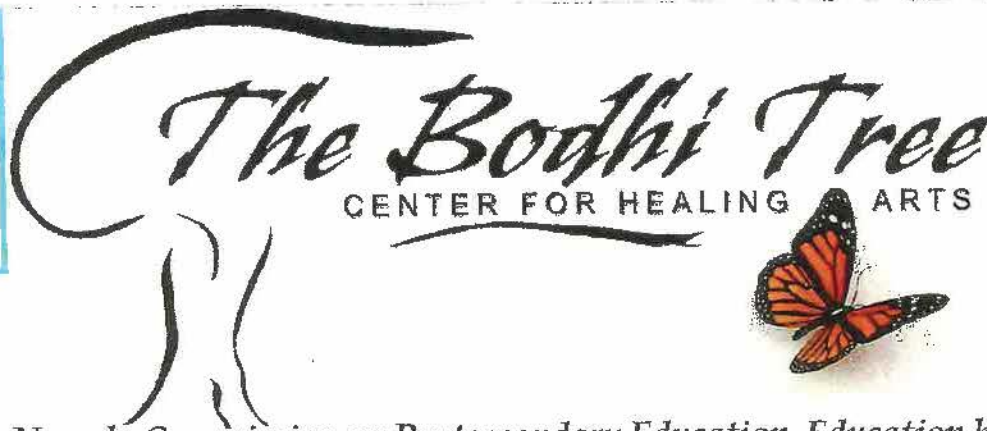




NSBMT

AUG 11 2021

RECEIVED



*Licensed by the Nevada Commission on Postsecondary Education. Education has been Accepted towards licensure by the Nevada Board of Massage Therapists, the California Massage Therapy Council, the National Certification Board, The Arizona Board of Massage, and may be submitted towards licensure in other states.*

*The Bodhi Tree Center for Healing Arts acknowledges that*  
**Schuyler Wulfsberg-Gesmundo**

*Has successfully completed the requirements of our  
650 Hour course in Massage Therapy*

Lee M. Thorpe, Academic Director,  
MA, BC-DMT, LMT, ABT

Graduation Date: August 7th, 2021

  
John M. Thorpe, Administrative Director,  
RCST®, BCST, BCTMB, LMT, FSL



Wulfsberg-  
Gesmundo

Schuyler

8/2/2021  
3:30:31 PM

Pass

English

THE BODHI TREE  
CENTER FOR  
HEALING ARTS -  
CARSON CITY NV





Tuesday, August 16, 2022

This is to verify the certification of a massage professional in the State of California.

Certificant Name: Schuyler F S Wulfsberg-Gesmundo  
Certificate Type: Certified Massage Therapist  
Certificate #: 88371  
Effective Date: 10/26/2021  
Expiration Date: 10/26/2023  
Method of Certification: Portal F (500 hours)

This individual is certified and is in good standing with the California Massage Therapy Council. To date this certificant has had no disciplinary actions with the council.

Do not hesitate to contact us if you have any questions about this individual's certification status.

Thank you,

*Charlette L. Stewart*

Charlette L. Stewart  
Customer Service Representative



California Massage Therapy Council, One Capitol Mall, Suite 800, Sacramento, CA



**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@state.nv.us](mailto:nvmassagebd@state.nv.us)

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

**Certified Statement from State Licensing Authority**

**TO BE COMPLETED BY LICENSING AUTHORITY ONLY**

(Transferring from another Jurisdiction)

Dear Sirs,

The applicant listed herein has applied to the Nevada State Board of Massage Therapy for a license for Massage Therapy. In order to complete this application, we request that you complete the following and mail to the Nevada State Board of Massage Therapy at the address listed above. Your assistance in this matter is greatly appreciated.

Sandra Anderson, Executive Director,  
Nevada State Board of Massage Therapy

Applicant Name: Schuyler F S Wulfsberg-Gesmundo License Number: #88317 (CA)

To be completed by the State Licensing authority in the State(s) where you are currently or have been licensed:

**License Information**

Name:	Schuyler F S Wulfsberg-Gesmundo
Date of Birth:	
Type of License:	Certified Massage Therapist
License Number:	88371
How Issued:	500 hours of massage education
Original Licensure Date:	10/26/2021
Expiration Date:	10/26/2023
Status:	Active



This certified statement issued by the licensing authority in each state/territory or possession of the United States or the District of Columbia in which the applicant is or has been licensed to practice massage therapy during the immediately preceding 10 years verifying that:

The applicant  has  has not been involved in any disciplinary action relating to their license; and disciplinary proceedings relating to this license to practice massage therapy  are  are not pending.

Case Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_

Name of licensing agency/jurisdiction: California Massage Therapy Council

Address: One Capitol Mall Suite 800 State, Zip: Sacramento, CA 95814

Signature: Charlette L. Stewart Date: 9/6/2022

Title: Customer Service Representative

Print agent's name: Charlette L. Stewart (Official Stamp)





**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 10, 2023

Schulyer F.S. Wulfsburg-Gesmundo  
PO BOX 2158  
Truckee, CA 96160

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. Wulfsburg-Gesmundo:

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=WTNBN3ZlVkcYdEZBM0RCbmdyZThyUT09>

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.

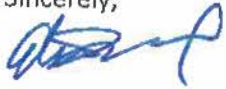
If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any 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

9489 0090 0027 6454 7056 72

COPY