

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: November 9, 2023

APPLICANT: Bi Ling Zhu

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Zhu's massage application is before you today for review that could not be approved administratively. Ms. Zhu 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: OL230412114869

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 : ZHU
First Name : BI LING
Middle Name :



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

No record found.

Mailing address :

Street : 3766 LONGS PEAK CT
City : LAS VEGAS **State :** NV **Zip :** 89103

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

Street : 3766 LONGS PEAK CT
City : LAS VEGAS **State :** NV **Zip :** 89103

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

Home/Cell Phone : (702) 963-6002

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

Home Mailing Business

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

notifications)

Yes No

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

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

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

Section 3 : Previous Licensure Information

Previous Licensure :

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

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

Licensure information is not required because you have checked "Sign off from Local jurisdiction to follow".

Section 4 : Training and Education

Training :

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

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
FUZUBA	Las Vegas	2016 - 2016	500

Transcript(s)

Document Name	User Defined Document Name	Document Link
OL230412114869-227414-Transcript.pdf	FUZUBA-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEX	Las Vegas/NV	6/27/2016

National Exam Status :

Date Received :

Score Report Received :

Document Name	User Defined Document Name	Document Status
OL230412114869-227415-ScoreReportCard.pdf	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:

Date of Charge	Law Enforcement Agency Detail	Charge	Disposition
5/18/2019	LVMPD	Solicitation for or engage in prostitution	Dismissed

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 : ZHU

First Name : BI LING

Middle Name :

Street : 3766 Longs Peak Ct

City : Las Vegas

State : NV

Zip : 89103-0100

Date : 5/9/2023

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 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, **BI LING ZHU** 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 : BI LING ZHU

Date : 6/5/2023

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
Score Report Card	OL230412114869-227415-ScoreReportCard.pdf	MBLEX	
Transcript	OL230412114869-227414-Transcript.pdf	FUZUBA-TRANSCP	
Certificate of Completion	OL230412114869-227413-Certificate-of-Completion.pdf	FUZUBA-DIPL	
Photo	10642-226667-ZHU, BI LING.jpg		
Social Security Card	OL230412114268-219823-Social-Security-Card.jpg		
Government Issued ID Card	OL230412114268-219822-Government-Issued-ID-Card.jpg		

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:



OFFICIAL TRANSCRIPT

Professional Practice of Massage (500-Hour Course)


STUDENT NAME: Zhu, Bi ling GENDER: Female
 DATE OF BIRTH: _____ ID: 4100736925
 START DATE: 11/23/2015 COMPLETION DATE: 07/22/2016

<u>UNIT</u>	<u>SUBJECT</u>	<u>HOURS</u>	<u>GRADE</u>
A.	<u>Human Anatomy, Physiology and Kinesiology</u> - Anatomy 50 Hours - Physiology 35 Hours - Kinesiology 40 Hours	125 Hours	C+
B.	<u>Theory and Practice of Massage</u> - includes Swedish/Western Massage history, theory and methods (125 hours); client assessment (25 hours); clinical and relaxation massage methods (50 hours); and supervised hands-on practice (50 hours)	250 Hours	B
C.	<u>Pathology for Massage Therapists</u> - includes cautions, contraindications and endangerment sites (20 hours); as well as massage (20 hours) and hydrotherapy (20 hours) protocols specific to commonly seen disorders, injuries and client needs	60 Hours	B
D.	<u>Standards of Professional Practice</u> includes health and hygiene (20 hours), legal issues, ethics, taxation, standard business practices, new client intake, charting and referral to professionals in other disciplines (45 hours)	65 Hours	A-

TOTAL HOURS: 500

FINAL GRADE: B





 Qian Yang, CMT, Assistant Director

Date: 07-22-16

NSBMT

AUG 12 2016 

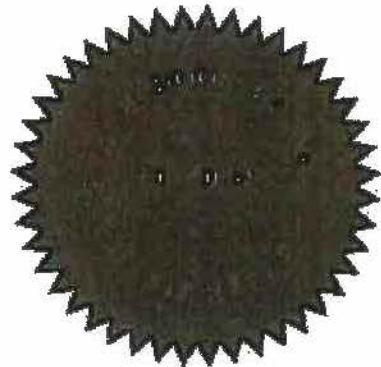
Received

FuZuBa
SCHOOL OF
Massage & Reflexology



Certificate of Graduation

I hereby certify that Zhu, Bi Ling having successfully completed the 500-hour course in Professional Practice of Therapeutic Massage, is hereby awarded the Certificate of Graduation this Twenty-Second day of July, 2016 with all the rights and responsibilities thereto attached.



A handwritten signature in black ink, appearing to be 'C' or 'Q', written over a horizontal line.

Qian (Chelsea) Yang
Director

NSBMT

AUG 12 2016

Received



FSMTB
FEDERATION OF STATE
MASSAGE THERAPY BOARDS

NSBMT
JUN 29 2016
Received

MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEx scores received on: 06/29/2016

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Score</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Zhu	Bi ling			06/27/16	1	641	Pass	English	Fu Zu Ba School of Reflexology

BEFORE THE NEVADA STATE BOARD OF
MESSAGE THERAPY

In the Matter of:

Bi Ling Zhu,

Licensed Massage Therapist
Nevada License No. NVMT.8235

Respondent.

NSBMT

FEB 21 2020

RECEIVED

Case No. NVMT-C-1928

**VOLUNTARY SURRENDER
IN LIEU OF OTHER DISCIPLINE**

I, Bi Ling Zhu, wish to voluntarily surrender my Nevada Massage Therapy License. It is alleged that:

1. I am licensed as a massage therapist, currently in active status, in the State of Nevada and I was licensed at the time of the conduct described herein and am, therefore subject to the jurisdiction of the Board.
2. On or about May 18, 2019, Respondent, while working at Golden King Massage or located at 5040 Spring Mountain Rd., #1A, Las Vegas, Nevada 89146, was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.
3. I admit these factual allegations may constitute grounds for disciplinary action pursuant to NRS 640C.710 because the conduct may have violated NRS 640C.700(2)(4) and/or (9).
4. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.
5. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.
6. I am aware that I have certain constitutional rights, including:
 - (a) I have the right to hire an attorney to represent me in this proceeding;
 - (b) I have the right to demand a hearing on the charges against me, and I can require the Board's staff to prove the allegations;
 - (c) I have the right to cross-examine the witnesses against me;
 - (d) I have the right to call witnesses to provide evidence on my own behalf;
 - (e) I have other rights accorded to me under the Nevada Revised Statutes Chapters 233B, 622, 622A and 640C.
 - (f) I have the right to obtain judicial review of the Board's decision.

COPY

1 7. I am aware of the foregoing rights in paragraph nine (9), and I voluntarily, knowingly, and
2 intelligently waive these rights in return for the Board accepting my voluntary surrender of my
3 massage therapist license in lieu of other disciplinary action.

4 8. I understand this Voluntary Surrender is considered disciplinary action and as such will
5 become part of my permanent record.

6 9. I understand this Voluntary Surrender is considered public information.

7 10. I understand this Voluntary Surrender is considered disciplinary action and will be
8 reported to the national repository, which records disciplinary action taken against licensees, or any
9 agency or another state, which regulates the practice of Massage Therapy.

10 11. I understand this Voluntary Surrender may be used in any subsequent hearings by the
11 Board as evidence against me to establish a pattern of behavior and for the purpose of proving
12 additional acts of misconduct.

13 12. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or
14 civil penalties or sanctions in any other matter.

15 13. I understand that this surrender is effective on the date it was accepted by the Board,
16 which was January 8, 2020.

17 14. I agree not to apply for re-licensure with the Board as a massage therapist until three (3)
18 years has passed from the date of the Board's acceptance of this Voluntary Surrender, which was at
19 its meeting held on January 8, 2020.
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COPY

1 I, Bi Ling Zhu, by my signature affixed below, agree with the foregoing facts and
2 representations and therefore choose to voluntarily surrender my License to practice as a massage
3 therapist in Nevada.

4 NEVADA STATE BOARD OF MASSAGE THERAPY retains jurisdiction in this case until
5 all conditions have been met to the satisfaction of the Board.
6

7 NEVADA STATE BOARD
8 OF MASSAGE THERAPY

9 *Sparey Hulera*
10 Board Chair

11 1/21/20
12 Date

RESPONDENT

Bi Ling Zhu
13 Bi Ling Zhu, Respondent

2/14/2020
14 Date

LEGAL COUNSEL

[Signature]
15
16 Jack E. Buchanan II, Esq.
17 300 S. Maryland Pkwy
18 Las Vegas, Nevada 89101
19 for the Respondent Bi Ling Zhu

2/14/2020
20 Date

21 **NSBMT**
22 **FEB 21 2020**
23 **RECEIVED**

24
25
26
27 **COPY**
28

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Bi Ling Zhu,

Licensed Massage Therapist
Nevada License No. NVMT.8235,

Respondent.

Case No. NVMT-C-1928

**COMPLAINT AND
NOTICE OF HEARING**

The Nevada State Board of Massage Therapy (Board), by and through its Executive Director, Sandra Anderson, hereby notifies Bi Ling Zhu ("Respondent") of an administrative hearing, which is to be held pursuant to Chapters 233B, 622, 622A of the Nevada Revised Statutes (NRS) and 640C of the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC). The purpose of the hearing is to consider the allegations stated below and to determine if the Respondent should be subject to an administrative penalty as set forth in NRS 640C.710, if the stated allegations are proven at the hearing by the evidence presented.

Respondent is currently and at all times mentioned herein, licensed as a massage therapist in the State of Nevada and is therefore, subject to the jurisdiction of the Board and the provisions of NRS Chapter 640C.

IT IS HEREBY ALLEGED AND CHARGED AS FOLLOWS:

ALLEGED FACTS

1. On or about May 18, 2019, Respondent, while working at Golden King Massage or located at 5040 Spring Mountain Rd., #1A, Las Vegas, Nevada 89146, was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

VIOLATIONS OF LAW

COUNT ONE

1. By soliciting sexual activity during the course of practicing a massage, Respondent violated the provisions of NRS 640C.700(4). This is grounds for discipline pursuant to NRS 640C.700(2) and/or (9).

 ORIGINAL

PRAYER FOR RELIEF

WHEREFORE, Executive Director, Sandra Anderson, prays as follows:

2. That the Board conduct a hearing on this complaint as provided by statute, and after such hearing, that the Board impose upon Respondent the discipline permitted by NRS 640C.710, which may include the following, (a) the imposition of an administrative fine of not more than \$5,000.00 per violation, (b) recovery of reasonable investigative fees and costs incurred, (c) recovery of attorney fees pursuant to NRS 622.400, (d) licensee be publicly reprimanded, (e) suspend, revoke or place conditions on the licensee's license, (f) place the licensee on probation, and/or (g) such other impositions as may be permitted by Nevada law.

PLEASE TAKE NOTICE that a disciplinary hearing has been set to consider this Administrative Complaint against the above-named Respondent in accordance with Chapters 233B, 622, 622A and 640C of the Nevada Revised Statutes.

THE HEARING WILL TAKE PLACE on **Wednesday, January 8, 2020, commencing at 9:00 a.m.** or as soon thereafter as the Board is able to hear the matter at the Legislative Counsel Bureau, located at 401 S. Carson Street, Room 2135, Carson City, Nevada 89701, with video conferencing to the Grant Sawyer Building, located at 555 E. Washington Ave., Room 4412, Las Vegas, Nevada 89101.

PURSUANT TO NRS 622A.320, Respondent may, but is not required to, file an answer to this Complaint with the Board.

PURSUANT TO NRS 622A.330, Respondent may seek limited discovery from the Board.

As the Respondents, you are specifically informed that you have the right to appear and be heard in your defense, either personally or through counsel of your choice. You have the right to respond and to present relevant evidence and argument on all issues involved. You have the right to call and examine witnesses, introduce exhibits, and cross-examine opposing witnesses on any matter relevant to the issues involved.

You have the right to request that the Board issue subpoenas to compel witnesses to testify and/or evidence to be offered on your behalf. In making this request, you may be required to demonstrate the relevancy of the witnesses' testimony and/or evidence.

The purpose of the hearing is to determine if the Respondent has violated the provisions of Chapter 640C of NRS and if the allegations contained herein are substantially proven by the evidence

1 presented to further determine what administrative penalty is to be assessed against the Respondent, if
2 any, pursuant to NRS 640C.710.

3 Should the Respondent fail to appear at the hearing, a decision may still be reached by the
4 Board. As the Respondent, you are further advised that you may be charged with the attorney's fees
5 and/or costs associated with the hearing pursuant to NRS 622.400.

6 Pursuant to NRS 233B.121(5), informal disposition of this case may be made by stipulation,
7 agreed settlement, consent order, or default. Any attempt to negotiate this case should be made by
8 contacting Sandra Anderson, (775) 687-9951 or sjanderson@lmt.nv.gov.

9 Pursuant to NRS 241.033(2)(b), the Nevada State Board of Massage Therapy may, without
10 further notice, take administrative action against your license and/or certificate to practice within the
11 State of Nevada if the Board determines that such administrative action is warranted after considering
12 your character, alleged misconduct, professional competence, or physical or mental health.

13 Dated this 3rd day of December, 2019.

14 **NEVADA STATE BOARD OF MASSAGE THERAPY**

15 
16 SANDRA ANDERSON, Executive Director

17 **CERTIFICATE OF SERVICE**

18 I HEREBY CERTIFY that on December 3, 2019, I deposited for mailing at Reno, Nevada, via
19 Certified U.S. Mail, with return receipt and postage prepaid, a true and correct copy of the foregoing
20 **COMPLAINT AND NOTICE OF HEARING**, properly addressed as follows:
21

22 Bi Ling Zhu
23 3766 Longs Peak Court
24 Las Vegas, NV 89103

25 9489 0090 0027 6087 0613 36

26 **NEVADA STATE BOARD OF MASSAGE THERAPY**

27 
28 Employee





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

October 5, 2023

Bi Ling Zhu
3766 Longs Peak Ct.
Las Vegas, NV 89147

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. Zhu:

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=WTNBN3ZlVkcyeEZBM0RCbmdyZThyUT09>

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 7055 59

COPY