

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: January 18, 2023

APPLICANT: Karen L. Katzmark
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

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

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

ACTION:

- Approved - NRS 640C.700(1)(3)
- Probation - NRS 640C.700(1)(3)

- Denied - NRS 640C.700(1)(3)
- Tabled

PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

Required for Respondent:

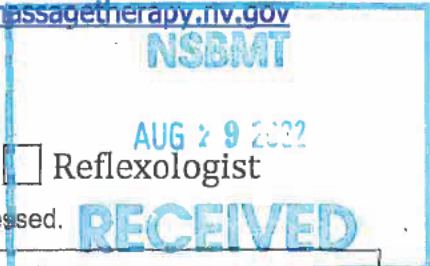
Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov
Website: <http://massagetherapy.nv.gov>



Massage Therapy Application

Structural Integration Practitioner Massage Therapist Reflexologist

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

Section 1: Personal Information

Applicant Name: Last **KATZMARK** First **KAREN** Middle Initial **L**

List all other names previously or currently being used by you:
KAREN L. EATON

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

Previous address (if less than 1 year):
Street **N/A** City _____ State _____ Zip _____

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

Social Security Number: _____ Date of Birth: _____ Place of Birth: **Laguna Beach CA**

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

Business Name: **KAREN KATZMARK, HHP**

Business Address:
Street _____ City _____ State _____ Zip _____

Email Address: _____

Indicate the appropriate selection, which address you would prefer to be public knowledge. Home Mailing Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications) Yes No

Section 2: Child Support Information

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

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

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

Section 3: Licensure Information

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

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

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

Check here if you are actively licensed in any state or jurisdiction.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)
CALIFORNIA	4650	2009	02/10/2024

Section 4: Massage Training and Education – All massage, reflexology or structural education must be listed below. (Failure to disclose all education could result in an application denial)

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

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

Name of School	City and State	Years From and To (YYYY - YYYY)	Hours Completed
BAUM Healing Arts Center	CARSON City, NV	2000-2001	600 -
Healing HANDS School of Holistic	Laguna Hills, CA	2003-2006	1000 -
International TRAINING Massage Health School	Chang Mai, Thailand	2006	180 -
Morton School of Lymphatic Therapy	Pomona, CA	2012	157.5 -
Equissage	Fallbrook, CA	2014	50 -

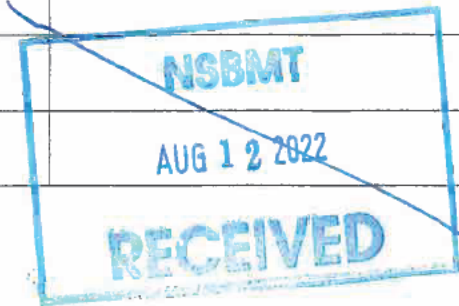
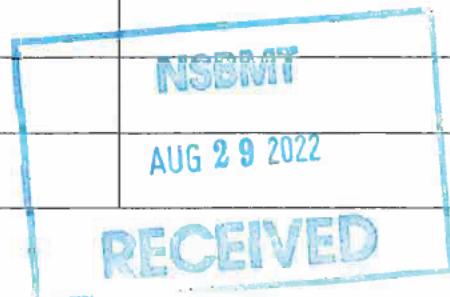
Section 5: National Exam Information – All massage, reflexology or structural exams must be listed below. (Failure to disclose all exams taken could result in an application denial)

MBLEX NCETM NCETMB CESI ITEC ARCB IIR NCBTMB-R

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

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

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY) if applicable
MISSION Viejo, CA	12/17/2007	12/18/2023



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

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

Yes No

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

If yes, please provide the following information for each occurrence: (*required)

*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____

*Licensing agency/jurisdiction that took action: _____

*Name and address of employer/supervisor: _____

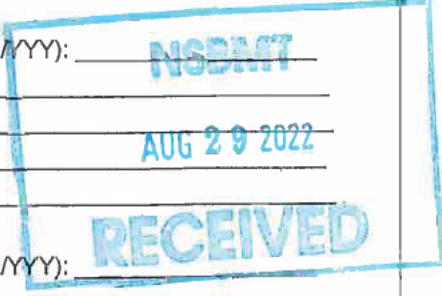
*Reason for action: _____

*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____

*Licensing agency/jurisdiction that took action: _____

*Name and address of employer/supervisor: _____

*Reason for action: _____



Yes No

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

Yes No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)
 If so, please explain (Use additional paper if necessary) _____

Yes No

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

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

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

*Date of charge/offense (MM/DD/YYYY): _____

*Name and address of law enforcement agency: _____

*Charge: _____

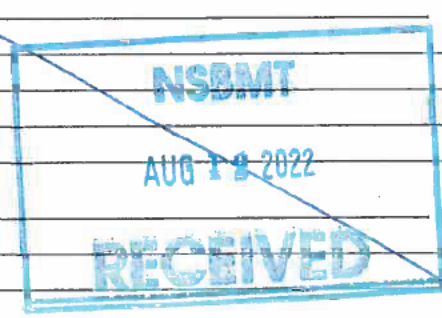
*Disposition: _____

*Date of charge/offense (MM/DD/YYYY): _____

*Name and address of law enforcement agency: _____

*Charge: _____

*Disposition: _____



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

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

Affidavit of Applicant / Authorization of Release

I certify that I am the person described and identified in this application.

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Signature of Applicant: [Signature] Date: 8/8/22

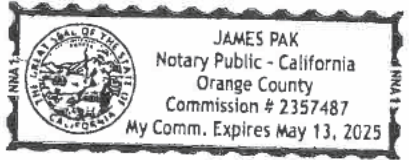
State of California County of Orange

Signed and sworn to before me this 8th day of August 2022

Karen L Katzmark, who personally appeared before me.

[Signature] Notary Public Signature
May 13, 2025 Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov
Website: <http://massagetherapy.nv.gov>

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

- Structural Integration Practitioner Massage Therapist Reflexologist

Nevada Veteran Data

Are you currently active or a spouse of an active service member? Yes No

Are you currently licensed in any state or jurisdiction? Yes No

Have you ever served in the military? Yes No

If Yes, check all that apply:

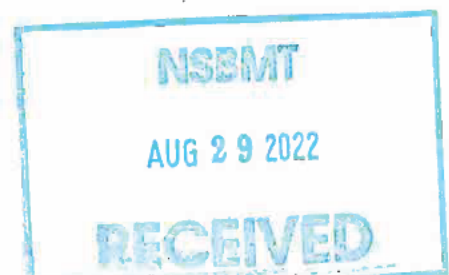
Branch(es) of Service:

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

Military Occupation Specialty/Specialties: _____

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

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





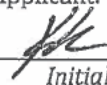
Nevada Department of **Public Safety**
 Fingerprint Background Waiver

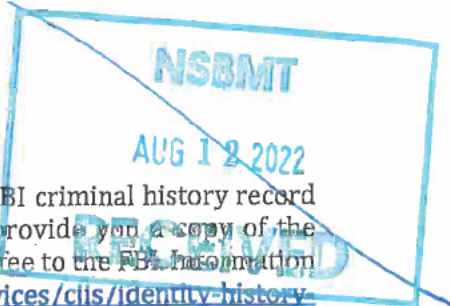
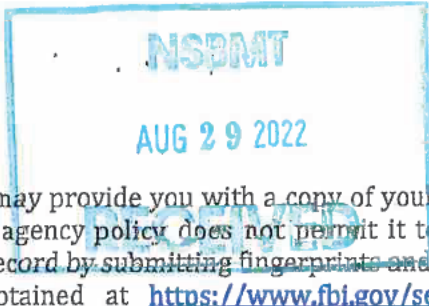
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NSBMT
 AUG 18 2022
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As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Massage Therapy (name of requesting agency) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
	8/8/22
Initial	Date



6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada State Board of Massage Therapy (*name of requesting agency*), 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.
10. 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.

Applicant's Name: KATZMARK KAREN LYNN
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: [Signature]
 Date: 8/8/22

Agency Account #: _____
 Agency Representative: Buckingham Kimberly _____
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: Kimly Bunch
 Date: 9/7/22



Baum Healing Arts Center

3107 N. Deer Run Road, Ste. 6
775-884-1145

Carson City NV 89701
Vinnie Baum, MS, ICBT - Director

OFFICIAL SCHOOL — Student Transcripts

7/22/2022 10:33:06 AM

00-132

Karen Katzmark



*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.*

Vincent Baum, Director:





Baum Healing Arts Center

3107 N. Deer Run Road, Ste. 6

Carson City NV 89701

775-884-1145

Vinnie Baum, MS, ICBT - Director

NCBTMB School ID# 284672-00

OFFICIAL SCHOOL — Student Transcripts

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00-132

Karen Katzmark

Enrollment Date

9/10/2000

Massage Hours: 106.7 Class Hours: 506

GRADUATED

Accelerated Soft Tissue

BST-101	Accelerated Soft Tissue Release	12	P
		12	

Acupressure

ACU-101	Introduction to Acupressure	6	P
ACU-102	Basic Acupressure Techniques	6	
ACU-102	Basic Acupressure Techniques	6	P
ACU-103	Intermediate Acupressure	12	P
ACU-202	Zen Shiatsu	12	P
		42	

Alternative Healing

ALT-101	Alternative Healing Techniques	12	P
ALT-201	Myofascial Release Techniques	6	P
ALT-201	Myofascial Release Techniques	6	
		24	

Anatomy & Physiology

AP-001	General Introduction to Anatomy & Physiology	12	
AP-002	Integumentary System	9	
AP-003	Skeletal System	12	
AP-004	Muscular System	12	
AP-005	Cardiovascular System	9	
AP-006	Lymphatic & Immune System	6	
AP-007	Respiratory System	6	
AP-008	Nervous System - Overview	6	
AP-009	Central Nervous System	6	
AP-010	Peripheral Nervous System	6	
AP-011	Autonomic Nervous System	6	
AP-012	Pathology for the Massage Therapist	6	
AP-013	Digestive System	6	
AP-014	Metabolism	6	
AP-015	Endocrine System	6	
AP-016	Urinary System, Fluids, Acid-Base	3	
AP-017	Communicable & Infectious Disease and the Massage	4.5	
AP-017	Communicable & Infectious Disease and the Massage	1.5	ikeur
AP-018	Clinic on Arthritis	12	
AP-019	Anatomy & Physiology Review	12	
AP-020	Reproductive System	3	
		150	



Aromatherapy

00-132

The Basic Massage Program is a 600 Hour program. Consisting of 500 Classroom Hours and 100 Practical Massage Hours.



Baum Healing Arts Center

3107 N. Deer Run Road, Ste. 6

Carson City NV 89701

775-884-1145

Vinnie Baum, MS, ICBT - Director

NCBTMB School ID# 284672-00

OFFICIAL SCHOOL — Student Transcripts

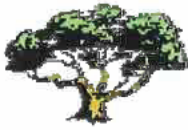
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ESO-101	Essential Oils and Aromatherapy	6	P
		6	
<u>Business and Marketing</u>			
BUS-101	Business Law and Ethics	12	P
BUS-102	Business Plan and Marketing	12	P
BUS-103	Business Practices	6	P
		30	
<u>Chinese Techniques</u>			
TCM-203	Basic Tui-Na Massage	12	P
TCM-205	Basic Qi Gong Techniques	6	
TCM-205	Basic Qi Gong Techniques	6	P
		24	
<u>CPR</u>			
CPR	CPR Class	4	P
		4	
<u>Hands On Techniques</u>			
HOT-101	Basic Massage Techniques	6	P
HOT-102	Draping & Basic Massage Practicum	6	P
HOT-103	Soft Tissue Releases	12	P
HOT-104	Deep Tissue Techniques	12	P
HOT-105	Chair Massage	12	
HOT-108	Massage for the Head, Neck and Face	6	P
HOT-109	Massage for the Back and Hips	6	P
HOT-110	Massage for the Shoulder, Arms & Hands	6	P
HOT-111	Massage for the Legs and Feet	6	P
HOT-201	Therapeutic Massage Techniques	6	P
		78	
<u>Hygiene & First Aid</u>			
HFA-101	Hygiene & First Aid	4	P
		4	
<u>Kinesiology</u>			
K-001	Kinesiology	12	
K-002	Kinesiology	12	
K-003	Kinesiology	15	
K-004	Kinesiology	15	
KR	Kinesiology Review	6	
		60	
<u>Reflexology</u>			
REF-101	Reflexology of the Hand and Foot	12	P
		12	
<u>Sports Massage</u>			
SMT-101	Sports Massage Techniques	12	P

00-132

The Basic Massage Program is a 600 Hour program. Consisting of 500 Classroom Hours and 100 Practical Massage Hours.





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NCBTMB School ID# 284672-00

OFFICIAL SCHOOL — Student Transcripts

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SMT-102	Stretching Techniques	12	P
SMT-201	Advanced Sports Massage	12	P
		36	

Strain Counterstrain

SCS-101	Strain Counterstrain Techniques for the Upper Body	12	P
SCS-102	Strain Counterstrain Techniques for the Back and L	12	P
		24	





Baum Healing Arts Center

Licensed by the
Nevada Commission on Postsecondary Education
acknowledges that

Karen Katzmark

Has Successfully Completed the Basic Massage Program's
600 Hour Course

and is a

Massage Therapist

Vinnie Baum
Vinnie Baum, Director

August 2, 2001

Date

NSBMT
JUL 27 2022
RECEIVED





Healing Hands School of Holistic Health

125 W. Mission Ave. Suite 212 • Escondido, CA 92025

(760) 746-9364 (949) 305-2722

www.hhs.edu

Official Transcript

July 19, 2022

Name: Karen Katzmark

Certificate Program: Holistic Health Practitioner

Status: Current Student

Start Date: 1/22/2005

End Date: 1/26/2010

Code	Class Name	Grade	End Date	Professional Practices							Total Hours
				Anatomy Physiology Point Location	Kinesiology Myology Body Mechanics	Pathology Contraindications	Ethics Hygiene Medical Terminology	Practical Massage Training	Clinical		
205	Advanced Circulatory & Sports Massage	P	3/20/2006	20	16	4	12	38	10	100	
205	Advanced Circulatory & Sports Massage	P	6/24/2008	20	16	4	12	38	10	0	
205	Advanced Circulatory & Sports Massage	P	12/18/2008	20	16	4	12	38	10	0	
326ad	Bodyreading Through Zen Touch	P	1/16/2010	1	1	1	1	4		8	
101	Circulatory Massage	P	1/23/2009	20	10	5	20	40	5	0	
101	Circulatory Massage	P	1/26/2010	20	10	5	20	40	5	0	
202	Deep Tissue Manipulation	P	12/22/2003	7	14	4	8	62	5	100	
	Energy Therapy	P	2/27/2006							14	
325m	Lomi Lomi-Hawaiian Massage	P	8/29/2005	6	7	6	7	38		64	
327ad	Pre-Natal Massage	P	3/20/2006	3	2	3	4	20		18	
313m	Reflexology	P	3/23/2006	4	2	4	2	20		16	
203	Shiatsu	P		9	8	8	8	62	5	100	
203	Shiatsu	P	6/29/2009	9	8	8	8	62	5	0	
203	Shiatsu	P	9/24/2009	9	8	8	8	62	5	0	
	Stone Massage Stone Massage	P	1/16/2006	2		2		12		16	
204	Tui Na Acupressure Massage	P	6/22/2005	11	6	10	6	62	5	100	
204	Tui Na Acupressure Massage	P	9/9/2008	11	6	10	6	62	5	0	
330ad	Zen Moves	P	1/9/2010	1	1	1	1	4		8	

Total Class Hours 544

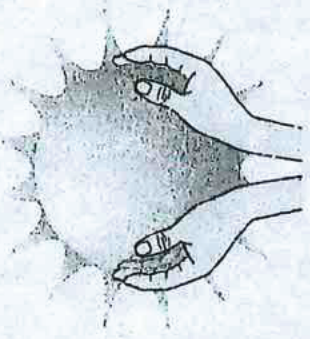
[Signature]

Print FORD NEHA CUPNER Date 7.21.22

Administrator



NSBMT
JUL 27 2022 (A)
RECEIVED



Healing Hands School of Holistic Health

125 W. Mission Avenue, Escondido, CA 92025

Certifies That

Karen Katzmark

has successfully completed the 1000 hour curriculum
and is hereby awarded this diploma in

Holistic Health Practitioner

this 23rd day of March, 2006

California Board of Registered Nursing Provider # CEP11194

Andrea Carter
Administrator



This Certificate must be returned by the licensee for a period of four years after the

Official NCBTMB Score Report



Karen L. Katzmark

UNITED STATES

DOB: _____



Exam Name: NCETMB

Exam Date: 12/17/2007

Exam Result: PASS

Candidate ID: _____

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 or call 800-296-0664.



Wednesday, July 27, 2022

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

Certificant Name: Karen Lynn Katzmark
Certificate Type: Certified Massage Therapist
Certificate #: 4650
Effective Date: 2/10/2022
Expiration Date: 2/10/2024
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

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: KAREN KATZMARK License Number: 4650

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

License Information

Name:	Karen Lynn Katzmark
Date of Birth:	04/27/1967
Type of License:	Certified Massage Therapist
License Number:	4650
How Issued:	500 hours of massage education
Original Licensure Date:	2/10/2010
Expiration Date:	2/10/2024
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

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

September 16, 2022

Karen L. Katzmark

Re: DISPOSITION OF RECORD

Dear Ms. Katzmark,


In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incidents(s) and the outcome of the incident(s). **Online printout cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **02/28/2023**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at nvmassagebd@lmt.nv.gov.

Sincerely,


Tereza Van Horn
Executive Assistant
Enclosed

COPY

Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.

September 27, 2022

Tereza Van Horn: Executive Assistant
C/O Nevada State Board of Massage Therapy
1755 E Plumb Lane Suite 252
Reno NV 89502



To Whom It May Concern,

I received your letter for DISPOSITION OF RECORD for charges of over 30 years ago that have all been EXPUNGED. I went to the courts as asked for the cases you are in question about and they have been PURGED from the systems. It is unfortunate that the state of California does not seal records to prevent mis-happenings like this.

I can't remember each incidents but I can tell you that when I reached a time to turn my life around, it only seemed natural to study healing arts which became a source of healing on a physical, emotional, and spiritual way which then allowed me to be a respectable member of society and to be of service to those who also suffered from trauma and who were looking for healthier ways to recover.

Later, I became passionate about horses and became an equine massage therapist, helping retired horses who are part of an equine therapy program for the last 10 years. I was hoping to move to Reno with my licenses in place to begin an equine practice there, and to apply for a position as a massage therapist in a resort to support my efforts.

I hope you will reconsider a NSBMT Massage License to move forward and let the past be the past. Enclosed is a copy of each expungement from 2002 and some character reference letters.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen L. Katzmark". The signature is fluid and cursive, with a long horizontal line extending to the right.

Karen L Katzmark
Holistic Health Practitioner
Equine Services

IN THE MUNICIPAL COURT OF RIVERSIDE JUDICIAL DISTRICT
 RIVERSIDE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

The People of the State of California

Plaintiff

vs

Karen Lynn Cannon

Defendant(s)

DEFENDANTS INFORMATION:

Case Number 243706
 CII # AG0424943
 Drivers Lic # C5786089
 SSN # _____
 DOB _____

PETITION AND ORDER UNDER
 P.C. 1203.4 OR P.C. 1203.4a

PETITION

I, the undersigned, say that I am BRUCE JAY the defendant in the above-entitled criminal
 action, who was convicted of the misdemeanor offense of violation of Section 647(b)
 of the Penal Code on MAY 18, 1990
 Date

(applicable items checked)



That probation was granted on the terms and conditions set forth in the docket of the above entitled court; that the defendant is not serving a sentence for any offense, nor on probation for any offense, nor under charge of commission of any crime; and that the defendant has



fulfilled the conditions of probation for the entire period thereof;



been discharged from probation prior to the termination of the period thereof.

Probationary Sentence (P.C. 1203.4)



Other Sentence (P.C. 1203.4a)

That probation was not granted; that more than one year has elapsed since the date of pronouncement of judgement; that defendant has complied with the sentence of the court; that defendant is not serving a sentence for any offense nor under charge of commission of any crime, and has since said pronouncement of judgement lived an honest and upright life, and conformed to and obeyed the laws of the land.

Wherefore petitioner hereby requests that defendant be permitted to withdraw his plea of guilty, or that the verdict or finding of guilt be set aside and that a plea of not guilty be entered and that the court dismiss this action pursuant to the above Section 1203.4 of the Penal Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 4/10/2002 at Pasadena CA.

Richard B. Nubigian
 Attorney for Petitioner

229 W. Caroboa
 Street Address - (defendants)

San Clemente
 City

CA
 State

92672
 Zip Code

ORDER

The Court hereby denies the above petition.

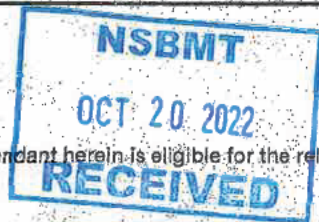
It appearing to the court from the records on file in this case, and from the foregoing petition, that the defendant herein is eligible for the relief requested.

It is hereby ordered that the plea, verdict, or finding of guilt in the above-entitled action be set aside and vacated and a plea of not guilty be entered and that the complaint be, and is hereby dismissed. Further, if this order is granted pursuant to the provisions of 1203.4 the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for insurance by any state or local agency, or for contracting with the California State Lottery.

Dated 4-10-02

Judge

DISTRIBUTION: ORIGINAL TO FILE; 1 COPY TO DEFENDANT; 2 COPIES TO ARRESTING AGENCY WHO WILL FORWARD ONE TO D.O.J.; 1 COPY TO PROBATION OFFICER, RIVERSIDE COUNTY PROBATION.



IN THE MUNICIPAL COURT OF VAN NUYS COURTHOUSE JUDICIAL DISTRICT,
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

NO. 87P06233

PAGE NO. 1

THE PEOPLE OF THE STATE OF CALIFORNIA VS.

CURRENT DATE 09/22/22

DEFENDANT 01: KAREN LYNN KATZMARK

LAW ENFORCEMENT AGENCY EFFECTING ARREST: LAPD - NO. HOLLYWOOD AREA

BAIL:	APPEARANCE	AMOUNT	DATE	RECEIPT OR	SURETY COMPANY	REGISTER
	DATE	OF BAIL	POSTED	BOND NO.		NUMBER

CASE FILED ON 07/10/87.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING
COMMITTED, ON OR ABOUT 07/02/87 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING
OFFENSE(S) OF:

COUNT 01: 647(B) PC MISD

NEXT SCHEDULED EVENT:

RETURN TO ACTIVE STATUS

ON 09/30/02 AT 900 AM :

PETITION AND ORDER UNDER 1203.4 PC FILED.
CASE SENT TO DIV. 112 FOR CONSIDERATION.
\$60.00 FEE PAID. RECEIPT # LAV484590027
MOTN/DISM PURSNT PC SEC 1203.4

ON 11/20/02 AT 830 AM IN VAN NUYS COURTHOUSE DIV 112

CASE CALLED FOR MOTN/DISM PURSNT PC SEC 1203.4

PARTIES: RANDY RHODES (JUDGE) SALLY J. HORNECKER (CLERK)

NONE (REP) NONE (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
PETITION AND ORDER UNDER 1203.4 PC GRANTED. IT IS HEREBY ORDERED
THAT THE PLEA, VERDICT, OR FINDING OF GUILT IN THE ABOVE-
ENTITLED ACTION BE SET ASIDE AND VACATED AND A PLEA OF NOT
GUILTY BE ENTERED; AND THAT THE COMPLAINT BE, AND IS HEREBY
DISMISSED.

NEXT SCHEDULED EVENT:

PROCEEDINGS TERMINATED

09/22/22

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ELECTRONIC DOCKET
ON FILE IN THIS OFFICE AS OF THE ABOVE DATE.
SHERRI CARTER, EXECUTIVE OFFICER/CLERK OF SUPERIOR COURT, COUNTY OF LOS
ANGELES, STATE OF CALIFORNIA

BY *[Signature]*, DEPUTY



SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF LOS ANGELES
 District, Van Nuys Courthouse

The People of the State of California

Plaintiff

vs

KAREN LYNN KATAMARK
 Defendant(s)

MM

DEFENDANTS INFORMATION

Case Number 87206233
 CII # A08424948
 Drivers Lic # C5786089
 SSN # _____
 DOB _____

**PETITION AND ORDER UNDER
 P.C. 1203.4 OR P.C. 1203.4a**

PETITION

I, the undersigned, say: that I am Proper the defendant in the above-entitled criminal action,
 Attorney/Probation Officer for
 who was convicted of the misdemeanor offense of violation of Section 647(B) of
PC on 11/5/88 Date

RECEIVED: PROBATION DEPARTMENT
 RECEIPT BY: _____ of
 DATE PAID: IN FULL (P.C. 1203.4)
 PAYMENT: \$40.00 (P.C. 1203.4a)
 RECEIVED:

(applicable items checked) That probation was granted on the terms and conditions set forth in the docket of the above entitled court; that the defendant is not serving a sentence for any offense, nor on probation for any offense, nor under charge of commission of any crime, and that the defendant has

- fulfilled the conditions of probation for the entire period thereof;
- been discharged from probation prior to the termination of the period thereof.

Probationary Sentence (P.C. 1203.4)

Other Sentence (P.C. 1203.4a) That probation was not granted; that more than one year has elapsed since the date of pronouncement of judgement; that defendant has complied with the sentence of the court; that defendant is not serving a sentence for any offense nor under charge of commission of any crime, and has since said pronouncement of judgement lived an honest and upright life, and conformed to and obeyed the laws of the land.

Wherefore petitioner hereby requests that defendant be permitted to withdraw his plea of guilty, or that the verdict or finding of guilt be set aside and that a plea of not guilty be entered and that the court dismiss this action pursuant to the above Section 1203.4 of the Penal Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 9/12/02 at Van Nuys CA.

X [Signature]
 Petitioner

229 W. CORDOBA Street Address - (defendants)
San Clemente CA City State Zip Code 92672

ORDER

The Court hereby denies the above petition.

It appearing to the court from the records on file in this case, and from the foregoing petition that the defendant is eligible for the relief requested.

accordance with the provisions of section 1203.3 and 1203.4 penal code, the verdict or plea of guilty heretofore entered or made, is set aside and a plea of not guilty entered and the case dismissed.

It is hereby ordered that the plea, verdict, or finding of guilt in the above entitled action be set aside and the case dismissed, and that the complaint be, and is hereby dismissed. Further, if this order is made pursuant to the provisions of 1203.4, the defendant is required to disclose the above conviction in response to any direct question contained in any application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery.

Dated 11/20/02



[Signature]
 Judge

DISTRIBUTION: ORIGINAL TO FILE; 1 COPY TO DEFENDANT; 2 COPIES TO ARRESTING AGENCY WHO WILL FORWARD ONE TO D.O.J.; 1 COPY TO PROBATION OFFICER; IF ON FORMAL PROBATION.

PETITION AND ORDER UNDER P.C. 1203.4 or 1203.4a



IN THE MUNICIPAL COURT OF INGLEWOOD COURTHOUSE JUDICIAL DISTRICT,
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

NO. 88M05400

PAGE NO. 1

THE PEOPLE OF THE STATE OF CALIFORNIA VS.

CURRENT DATE 09/22/22

DEFENDANT 01: CAROLYN HYMAN

LAW ENFORCEMENT AGENCY EFFECTING ARREST: EL SEGUNDO POLICE DEPT.

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
-----------------------	----------------	-------------	---------------------	----------------	-----------------

CASE FILED ON 07/26/88.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 06/27/88 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:

COUNT 01: 496.1 PC MISD

COUNT 02: 499B PC MISD

NEXT SCHEDULED EVENT:

RETURN TO ACTIVE STATUS

ON 09/09/02 AT 830 AM IN INGLEWOOD COURTHOUSE DIV 004

CASE CALLED FOR MOTN/DISM PURSNT PC SEC 1203.4

PARTIES: KENJI MACHIDA (JUDGE) G.T. WALKER (CLERK)

AMY SAYLOR (REP) SYLVIA BEDROSSIAN (CA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

COUNT (01) : DISPOSITION: DISMISSED PER 1203.4 P.C.

COUNT (02) : DISPOSITION: DISMISSED PER 1203.4 P.C.

NEXT SCHEDULED EVENT:

PROCEEDINGS TERMINATED

09/22/22

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ELECTRONIC DOCKET ON FILE IN THIS OFFICE AS OF THE ABOVE DATE.

SHERRI R. CARTER, EXECUTIVE OFFICER/CLERK OF SUPERIOR COURT, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

BY , DEPUTY



IN THE MUNICIPAL COURT OF

INCL 37000

JUDICIAL DISTRICT

COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

The People of the State of California

Plaintiff

vs

Karen Lynn Katzmark

Defendant(s)

DEFENDANTS INFORMATION

Case Number 86M07400 5 25 19
CII # A: 0424948
Drivers Lic # C5706089
SSN #
DOB

PETITION AND ORDER UNDER P.C. 1203.4 OR P.C. 1203.4a

AKA Karen Cordova
Carmel, CA

PETITION

I, the undersigned, say that I am Attorney for the defendant in the above-entitled criminal action, who was convicted of the misdemeanor offense of violation of Section 1203.4 of the Penal Code on November 29, 1988 Date

(applicable items checked)

That probation was granted on the terms and conditions set forth in the docket of the above entitled court; that the defendant is not serving a sentence for any offense, nor on probation for any offense, nor under charge of commission of any crime, and that the defendant has

Probationary Sentence (P.C. 1203.4)

fulfilled the conditions of probation for the entire period thereof;

been discharged from probation prior to the termination of the period thereof.

Other Sentence (P.C. 1203.4a)

That probation was not granted; that more than one year has elapsed since the date of pronouncement of judgement; that defendant has complied with the sentence of the court; that defendant is not serving a sentence for any offense nor under charge of commission of any crime, and has since said pronouncement of judgement lived an honest and upright life, and conformed to and obeyed the laws of the land.

Wherefore petitioner hereby requests that defendant be permitted to withdraw his plea of guilty, or that the verdict or finding of guilt be set aside and that a plea of not guilty be entered and that the court dismiss this action pursuant to the above Section 1203.4 of the Penal Code.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: 4/10/2002 at Pasadena CA.

Richard E. Nettigan
Attorney for Petitioner
Richard E. Nettigan

229 W. Cordoba San Clemente CA 92672
Street Address - (defendants) City State Zip Code

ORDER

The Court hereby denies the above petition.
It appearing to the court from the records on file in this case, and from the foregoing petition, that the defendant herein is eligible for the relief requested.

It is hereby ordered that the plea, verdict, or finding of guilt in the above-entitled action be set aside and vacated and a plea of not guilty be entered; and that the complaint be, and is hereby dismissed. Further, if this order is granted pursuant to the provisions of 1203.4 the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery.

Date 7-7-02 Judge

DISTRIBUTION: ORIGINAL TO FILE; 1 COPY TO DEFENDANT; 2 COPIES TO ARRESTING AGENCY WHO WILL FORWARD ONE TO D.O.J.; 1 COPY TO PROBATION OFFICE FOR FORMAL PROBATION.



FROM THE DESK OF
CAROL CADDES

September 30, 2022

Letter of Recommendation

To Whom it May Concern :

Karen Katzmark has asked me to write a letter of recommendation on her behalf and I am happy to do so,

My Name is Carol Caddes. I am a licensed marriage and family therapist and have served as program director for Otra Mas, an equine therapy program, for the past 9 years.

I met Ms. Katzmark in 2014 when she came to work for Otra Mas. She provided comprehensive care for the horses and also provided support for the equine therapy programs from 2014-2022.

I have always found Ms. Katzmark to be honest, hard-working, creative, and caring. She always put the needs of the horses and clients first. She also works very well independently. Additionally, she has taken many professional trainings to increase her knowledge and skillset for horse care, equine therapy, and massage.

She has overcome many challenges and has built a life of integrity and service.

I recommend Ms. Katzmark without reservation.

Sincerely yours,



Carol Caddes

LMFT SEP



Nicola McDowall

October 1, 2022

To whom it may concern:

Karen Katzmark

It has been my privilege to have known Karen for the last 19 years. In every area of her life she provides service to others and regularly does so on her own time and at her own expense.

Over the years we have participated in many service organizations together and I have learned much from her honesty and clarity. She brings a genuine listening which is motivated from a deep sense of compassion and a drive to help.

As our relationship and friendship grew I have benefitted greatly both from having been a client of Karen's in massage therapy, and from attending meditation groups with the horses in equine therapy.

I hold very few people in as high esteem as I do Karen. There have been occasions when she has had the keys to my house while I have been away and she is a person I completely trust. Any State and licensing authority can depend on her to bring value and goodwill to their citizens and all of their stakeholders. She is a rule follower. Often, where others would not even seek to find out if there were any rules!

I hope you will consider the authentic human being that Karen is today, and has been for at least the past 19 years that I have known her.

Sincerely,


Nicola McDowall, Esq.



Law Office of Lisa A. Williams
Attorney-At-Law

September 27, 2022

Tereza Van Horn, Executive Assistant
c/o Nevada State Board of Massage Therapy
1755 E. Plumb Lane, Suite 252
Reno, Nevada 89502

Dear Ms. Van Horn:

It has been my privilege to know Karen Katzmark both personally and professionally for nearly 10 years. She is one of the very few people I would trust with anything I have: my health, my finances, my business, or my home. She is scrupulously honest, courageous, responsible, and reliable. She goes out of her way to be of assistance to others without drawing attention to herself. I have engaged her to assist me in my business where she has had access to my banking information and accounts. I have been a client for her massage business. I have seen her work with horses. There is not a person on the planet more caring, thoughtful, or considerate than Karen. I could not recommend her more highly for any position or license she would be seeking.

If there is any other further information I can provide, please let me know.

Sincerely,



LISA A. WILLIAMS
Attorney at Law





October 3, 2022

Tereza Van Horn: Executive Assistant
C/O Nevada State Board of Massage Therapy
1755 E Plumb Lane Suite 252
Reno, NV 89502

Dear Ms. Van Horn,

I am reaching out to give my strongest recommendation for you to grant Karen Katzmark a massage therapist license in Nevada. During the years I have known Karen, she's demonstrated a caring demeanor and a dedication to her career.

Karen has worked for me at the Ortega Equestrian Center (Otra, Inc.) for more than 10 years and has demonstrated incredible skills. Karen is an individual with enormous integrity.

She also worked for the nonprofit Otra Mas and was not only reliable but has a tenacious personality and hardworking attitude. I believe she will continue to do great things with her skills and will be an asset to the State of Nevada and any community she chooses to work in.

For these reasons I recommend Karen Katzmark receive the license, she is seeking wholeheartedly. I am sure she will exceed expectations and help heal many with her expertise in massage therapy.

Sincerely,

Katherine Holman
President, Otra Inc.



Cindy Pawlowski

October 12, 2022

Tereza Van Horn: Executive Assistant
C/O Nevada State Board of Massage Therapy
1755 E Plumb Lane Suite 252
Reno NV 89502

Re: Karen Lynn Katzmark

To Whom It May Concern:

I am writing on behalf of Karen Katzmark, who is my sister of 55 years. I am both surprised and troubled to hear of the barrier she has encountered in trying to get her massage license in the state of Nevada as she has been living an exemplarily life for more than 30 years. It is for this reason I am writing a character letter for Karen Katzmark as it is my hope that you will allow her to continue her professional career in Nevada based on the life she has been living for decades rather than focusing on one time of bad judgement.

For the past 3 decades, my sister Karen has worked in the state of California at a 5-star hotel, spas, chiropractic offices, as an independent therapist, as well as an equine massage therapist for the past 10 years. Karen has worked harder than anyone in her family to live a positive spiritual, emotional, and healthy life. She has shown a steadfast and resolute demeanor in moving past this oh-so-long ago misjudgment in a constructive and successful manner. Her personal and professional life are an excellent example of a good and moral character. Karen is looking to move to the Reno area with her license in place so she can continue with her massage practice, and it will also allow her to be closer to her sisters who live in Nevada City and Sacramento, California. It is my hope that this letter regarding Karen Katzmark and her case will act as positive and contributing factor in reviewing and reconsidering this matter.

Sincerely,


Cindy Pawlowski



September 29, 2022

Tereza Van Horn: Executive Assistant
c/o Nevada State Board of Massage Therapy
1755 E. Plumb Lane Suite 252
Reno, Nevada 89502

Dear Tereza,

My name is Linda Kimmel. I met Karen at the Ortega Equestrian Center in the summer of 2014.

We both were helping to take care of horses. Her quiet, very caring demeanor drew me to her.

Karen and I have been friends since then. I am 20 years older than Karen. I have been her mentor, bible study teacher and Chaplain Counselor.

I also have had the pleasure of experiencing Karen's massage expertise. She is excellent in her knowledge, techniques and professionalism in her field. I have recommended her highly to others for her wellness abilities.



On the Personal side, Karen has shared many meals in our home. My husband and I invited her to live with us while her home was being renovated. I consider Karen a dear friend.

One that displays:

- Integrity
- Honesty
- Hard Working
- A rule follower
- Plus kindness exudes from her.

If there were any unscrupulous values in her life, I would have known by now.

It has been almost 9 years of a daily or weekly get together.

I would plead with you, Tereza, to reconsider your decision regarding the license she needs. Karen will be a valuable asset to the community and you will be able to share in her success.

Sincerely,
Linda Kimmel





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>

December 15, 2022

Karen L. Katzmark

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. Katzmark:

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 January 18, 2023. There will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Zoom sign-in available at 8:30 a.m.

Register in advance:

<https://us06web.zoom.us/j/85832292435?pwd=WDJhN1F6ZzF4WWYwZiFrZU9ZRitmUT09>

Meeting ID: 858 3229 2435

Password: 091855

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 821 7385 3899

Passcode: 788395

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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Sandra J. Anderson', with a long horizontal flourish extending to the right.

Sandra J. Anderson
Executive Director

9489 0090 0027 6461 1328 74