

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: August 8, 2023

APPLICANT: Xiuyan Di

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Di's massage application is before you today for review that could not be approved administratively. Ms. Di 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 – NRS 640C.700(4)(9); NAC 640C.410 (1)(bb)
- Denied – NRS 640C.700(4)(9); NAC 640C.410 (1)(bb)
- Tabled

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

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

Required for Respondent:

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



**NSBMT**  
MAY 18 2023  
**RECEIVED**

**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>

**Massage Therapy Application**

Structural Integration Practitioner  XMassage Therapist  Reflexologist

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

**Section 1: Personal Information**

Applicant Name: Last Di First Xiuyan Middle Initial \_\_\_\_\_

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

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

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

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: China

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Gender: Male  Female

Business Name: N/A

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
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**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)

**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
AMO School of NV Las Vegas NV	4/2017 - 7/2018	500

**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
Las Vegas, NV	5/30/17	unk



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): 1/8/20  
 \*Licensing agency/jurisdiction that took action: Licensing agency  
 \*Name and address of employer/supervisor: Jsc, f  
 \*Reason for action: Voluntary surrender based off 9/11/19 arrest - case dismissed LV Jct.  
 \*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  Not

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): 9-11-19  
 \*Name and address of law enforcement agency: LVMPD 400 Marka Lark King Blvd, Las Vegas, NV 89106  
 \*Charge: Soliciting prostitution  
 \*Disposition: Case dismissed LV Justice Ct 10/21/2  
 \*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: Xinyan Li Date: 5/15/23

State of Nevada County of Clinch

Signed and sworn to before me this 15 day of MAY 2023

Xinyan Li who personally appeared before me.

[Signature]  
Notary Public Signature

7-25-2023  
Notary commission expiration date

(Official Stamp)

 JESENIA LOPEZ-PEREZ  
Notary Public-State of Nevada  
APPT. NO. 19-5121-01  
My Appt. Expires 07-26-2023

**NSBMT**  
MAY 18 2023  
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Reno, NV 89502

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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

**NSBMT**  
 MAY 18 2023  
**RECEIVED**

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.

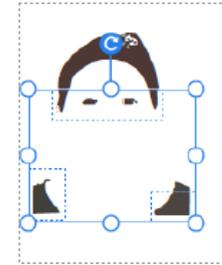
1. You must be notified by Nevada State Board of Massage Therapy (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information 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 to 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:	
<u>XIV</u>	<u>5/15/23</u>
Initial	Dtde





**AMO SCHOOL NV**  
5115 SPRING MOUNTAIN ROAD #215  
LAS VEGAS NV 89146  
TEL: 702-489-8305 EMAIL:  
AMOSCHOOLNV@GMAIL.COM HTTP://WWW.AMONV.COM



Name: **Xiuyan Di** Student ID: 010866

## Official Student Academic Transcript

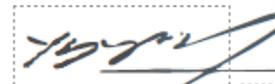
### Tuina Professional Massage Therapist Program 500 Hours

SUBJECT	HOURS	TEST SCORE	GRADE	DATE
1. Anatomy & Physiology	100	82.5	B	07/11/2017
2. Traditional Chinese Medicine Oriental Anatomy & Physiology	25	85	B	07/11/2017
3. Massage Theory and History	125	87.5	B	07/13/2017
4. Pathology	40	70	C	07/11/2017
5. Professional Practice & Business Ethics	4 6	88	B	07/12/2017
6. Practicum	200	85	B	07/11/2017
<b>TOTALS</b>	<b>500</b>	<b>83</b>	<b>B</b>	<b>07/14/2017</b>

  
Instructor

04/03/2017 - 07/14/2017

Date

  
Principal

**NSBMT**  
**JUL 17 2017**  
Received

# AMO School NV

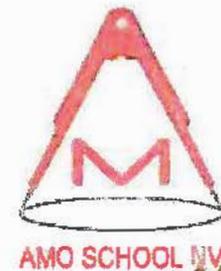
This Certifies That

## Xiuyan Di

Has successfully completed the Program  
**Tuina Professional  
Massage Therapist (500 Hours)**

As Developed by this School  
And having shown proficiency is hereby awarded this

# Diploma



Instructor

04/03/2017 - 07/14/2017

Date

School Principal

NSBMT

JUL 17 2017 S





**FSMTB**  
FEDERATION OF STATE  
MASSAGE THERAPY BOARDS

NSBMT  
JUN 1 2017  
Received

**MBLEx Jurisdictional Score Report and Transfer Grade Roster**

**State: Nevada**

**MBLEx scores received on: 06/01/2017**

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>ExamDate</u>	<u>Attempt</u>	<u>Score</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Di	Xiuyan			05/30/17	1	722	Pass	English	AMO School



**KIRK T. KENNEDY**

**ATTORNEY AT LAW**

*Licensed in Nevada since 1993*

815 S. Casino Center Blvd.,  
Las Vegas, NV 89101

Phone: (702) 385-5534  
Facsimile: (702) 385-1869  
Email:  
ktkennedylaw@gmail.com

May 16, 2023

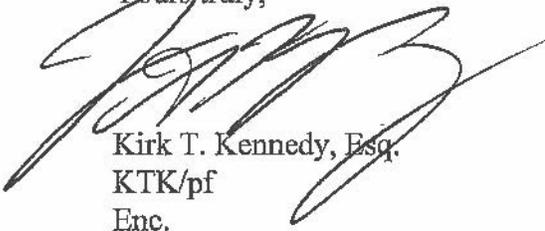
Tereza VanHorn  
Executive Assistant  
Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Ste. 252  
Reno, NV 89502

Re: Xiuyan Di Massage Therapy Application

Dear Ms. Van Horn:

Enclosed please find Ms. Xiuyan Di's completed massage therapist application. Please be advised that I will be assisting Ms. Di during the licensing process. Kindly forward any communication regarding this matter to my office. Thank you.

Yours truly,



Kirk T. Kennedy, Esq.  
KTK/pf  
Enc.



8. Formal Hearing Xiuyan Di – NVMT #8861 – NVMT-C-1954. (The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person.) (For Possible Action)

Xiuyan Di was not present; Kirk Kennedy, Legal Counsel was present.

Xiuyan Di has agreed to a voluntary surrender for three (3) years in lieu of other discipline.

Teresa Lopez motioned to approve voluntary surrender for three (3) years in lieu of other discipline, seconded by Deirdre Strunk. Motion carried unanimously.

[REDACTED]

BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPY

In the Matter of:

Case No. NVMT-C-1954

Xiuyan Di,

**VOLUNTARY SURRENDER  
IN LIEU OF OTHER DISCIPLINE**

Licensed Massage Therapist  
Nevada License No. NVMT.8861,

Respondent.

I, Xiuyan Di, wish to voluntarily surrender my Nevada Massage Therapy License.

1. It is alleged that:

a. On or about September 11, 2019, Respondent, while working at Angel's Touch Face and Body Spa located at 2550 Rainbow Blvd, S E23, Las Vegas, Nevada 89108, was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

2. I admit only that 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).

3. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.

4. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.

5. 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.

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6. I am aware of the foregoing rights in paragraph five (5), and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting my voluntary surrender of my massage therapist license in lieu of other disciplinary action.
7. I understand this Voluntary Surrender is considered disciplinary action and as such will become part of my permanent record.
8. I understand this Voluntary Surrender is considered public information.
9. I understand this Voluntary Surrender is considered disciplinary action and will be reported to the national repository, which records disciplinary action taken against licensees, or any agency or another state, which regulates the practice of Massage Therapy.
10. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as evidence against me to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.
11. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanctions in any other matter.
12. I understand that this surrender is effective on the date it was accepted by the Board, which was January 8, 2020.
13. I agree not to apply for re-licensure with the Board as a massage therapist until three years have passed from the date of the Board's acceptance of this Voluntary Surrender, which was at its meeting held on January 8, 2020.

I, Xiuyan Di, by my signature affixed below, agree with the foregoing facts and representations and thus choose to voluntarily surrender my License to practice as a massage therapist in Nevada.

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

NEVADA STATE BOARD  
OF MASSAGE THERAPY

RESPONDENT

*Spaine Hulbert*  
Board Chair                      Date  
1/21/20

*Xiuyan Di*  
Xiuyan Di, Respondent                      Date

LEGAL COUNSEL

*[Signature]*  
Kirk T. Kennedy, Esq.  
615 S. Casino Center Blvd.  
Las Vegas, Nevada 89101  
*for the Respondent*

BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPY

In the Matter of:

Xiuyan Di,

Licensed Massage Therapist  
Nevada License No. NVMT.8861,

Respondent.

Case No. NVMT-C-1954

**COMPLAINT AND  
NOTICE OF HEARING**

The Nevada State Board of Massage Therapy (Board), by and through its Executive Director, Sandra Anderson, hereby notifies Xiuyan Di ("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 September 11, 2019, Respondent, while working at Angel's Touch Face & Body Spa located at 2550 Rainbow Blvd, S E23, Las Vegas, Nevada 89108, 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) and/or (9). This is grounds for discipline pursuant to NRS 640C.700(2).

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**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.

 ORIGINAL

1 The purpose of the hearing is to determine if the Respondent has violated the provisions of  
2 Chapter 640C of NRS and if the allegations contained herein are substantially proven by the evidence  
3 presented to further determine what administrative penalty is to be assessed against the Respondent  
4 if any, pursuant to NRS 640C.710.

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

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

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

15 Dated this 3rd day of December, 2019.

16 NEVADA STATE BOARD OF MASSAGE THERAPY

17   
18 SANDRA ANDERSON, Executive Director



**CERTIFICATE OF SERVICE**

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

XiuyanDi  
5883 Laredo Street  
Las Vegas, NV 89146

Kirk T. Kennedy, Esq.  
815 S. Casino Center Blvd  
Las Vegas, NV 89101

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NEVADA STATE BOARD OF MASSAGE THERAPY

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

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

July 7, 2023

Xiuyan Di  
C/O Kirk T. Kennedy  
815 S. Casino Center Blvd.  
Las Vegas, NV 89101

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. Di:

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 August 8, 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/84402330839?pwd=Q3hwb2lxSkNGQjJpYmhlLV3N6dk1sQT09>

Meeting ID: 844 0233 0839

Password: 837512

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 281 462 487799 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.

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

Sincerely,



Sandra J. Anderson  
Executive Director

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