

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: August 8, 2023

APPLICANT: Hong Yang Ostergaard

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

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



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 OSTERGAARD First HONG Middle Initial YANG

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

HONG YANG

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

Street _____ City _____ State _____ Zip _____

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:

ChongQing China

Home Phone: 775 _____

Cell Phone: _____

Business Phone: _____

Gender:

Male

Female

Business Name:

Northstar Foot Spa

Business Address:

Street 1448 W. Buckingham Rd City Garland State TX Zip 75042

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)
Texas Department of Licencing & Regulation	MT 119244	2013	02/29/2024

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 (YY - YY)	Hours Completed
In't Health Center	Richardson, TX	03/18/2013 - 09/18/2013	500 hours

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.

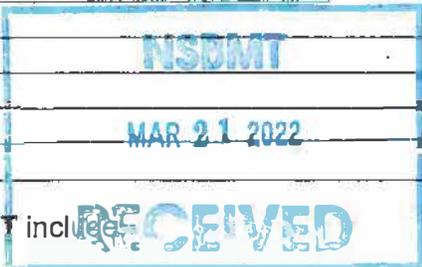
The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY) If applicable
Dallas / Texas	December 5, 2013	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p>NSBMT</p> <p>MAR 21 2022</p> <p>RECEIVED</p> </div>

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: (*required)</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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 <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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) _____</p>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>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:</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required)</p> <p>*Date of charge/offense (MM/DD/YYYY): <u>12/1/2017</u></p> <p>*Name and address of law enforcement agency: <u>Richardson Municipal Court</u> <u>2100 E Campbell Road, PO Box 830978, Richardson, TX 75083</u></p> <p>*Charge: <u>Attempted prostitution</u></p> <p>*Disposition: <u>8/5/2018, Closed - Deferred - Complied.</u></p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p>



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: Hong Y Ostergaard Date: March 16, 2022

State of Texas County of Collin

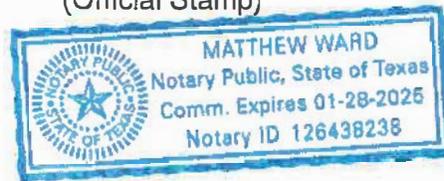
Signed and sworn to before me this 16 day of March 2022

Hong Ostergaard, who personally appeared before me.

Matthew Ward
Notary Public Signature

01-28-25
Notary commission expiration date

(Official Stamp)





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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.



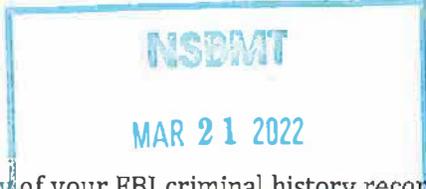
Nevada Department of
Public Safety
 Fingerprint Background Waiver



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:	
<u>2HYO</u>	<u>3/03/2022</u>
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.dhs.gov/services/cjis/criminal-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: OSTERGAARD HONG YANG
PLEASE PRINT Last Name First Name Middle

Applicant's Signature: Hong Yang Ostergaard
Date: 3/08/2022

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

Agency Representative Signature: Kimberly Buck
Date: 12/21/22

In't Health Center

1000 E Campbell Rd, Ste 120, Richardson, TX 75081
Texas Department of State Health Services - License #: MS1044

OFFICIAL TRANSCRIPT

STUDENT NAME: Ostergaard, HongYang

ADDRESS: 3809 Farmington Dr.

CITY: Richardson

STATE: TX

Start Date: 03/18/2013 (Enrollment/Contract dates,

First day of class)

SS#: [REDACTED]

D.O.B.: [REDACTED]

ZIP: 75082

End Date: 09/18/2013 (Last possible date

to complete the program)

<u>COURSE</u>	<u>HOURS COMPLETED</u>	<u>GRADE</u>	<u>START DATE</u>	<u>COMPLETION DATE</u>
Swedish Massage	200	B	03/19/2013	09/09/2013
Anatomy	50	A	03/18/2013	05/01/2013
Physiology	25	A	03/18/2013	05/01/2013
Hydrotherapy	20	A	08/15/2013	09/05/2013
Business & Ethics	45	A	07/30/2013	08/21/2013
Health & Hygiene	20	A	05/06/2013	09/18/2013
Pathology	40	A	07/29/2013	09/18/2013
Kinesiology	50	A	05/01/2013	09/18/2013
Internship	<u>50</u>	Pass	07/28/2013	09/18/2013

TOTAL HOURS: 500

ADMINISTRATOR/INSTRUCTOR: Sign by: _____

JIANWEN MA, LMT, MTI - Director of Program

Note: The school name has been changed to the Healing Hands Massage Institution due to changing ownership, the school current license number is: MS1060.

NSBMT

JAN 10 2022 S

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Certificate of Completion

IN'T HEALTH CENTER

hereby certifies

Hong Yong Ostergaard

has successfully completed

FIVE HUNDRED HOURS OF BASIC MASSAGE PROGRAM

including Anatomy, Physiology, Pathology, Kinesiology, Swedish Massage, Hydro-Therapy, Business and Ethics, Health and Hygiene, and Internship, satisfactorily passed the examination prescribed by this School

Jianwen Ma
Director OF School

In witness Whereof, I here unto subscribe my
name this 18th day of September in the year
2013



In't Health Center is approved by the Texas Department of State Health Services License MS #1044



FSMTB

FEDERATION OF STATE
MESSAGE THERAPY BOARDS

MBLEx Results: 3/16/2022

MBLEx Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous</u>	<u>Language</u>	<u>School</u>
Ostergaard	Hong	<u>SS#</u>		12/5/2013	Pass	<u>Attempt(s)</u>	English	In't Health Center - RICHARDSON TX

NSBMT

MAR 16 2022

RECEIVED

CONFIDENTIAL



TEXAS DEPARTMENT OF LICENSING & REGULATION

Licensing Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 475-2871

www.tdlr.texas.gov

DECEMBER 6, 2022

HONG YANG OSTERGAARD



MASSAGE THERAPIST VERIFICATION

This is to verify that the below holds/held a valid license as a MASSAGE THERAPIST in the State of Texas.

NAME: HONG YANG OSTERGAARD
LICENSE NUMBER: MT1119244
LICENSE TYPE: MASSAGE THERAPIST
DATE OF ISSUANCE: December 19, 2013
EXPIRATION DATE: February 29, 2024

CAN HONG YANG OSTERGAARD PRACTICE/OPERATE IN THE STATE OF TEXAS?

YES NO

IS THIS CURRENT?

YES NO YES, INACTIVE STATUS

HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST HONG YANG OSTERGAARD?

YES NO

We encourage you to visit our website at <https://www.tdlr.texas.gov/mas/mas.htm> for frequently updated information, including rules, laws, publications and forms. Some licensing programs offer online verification free of charge. Please refer to the above website for more information.

Licensing Division

Licensing Division Due to COVID-19 and limited access, attached license verification without our agency's seal serves as an official and acceptable document verifying HONG YANG OSTERGAARD licensure in Texas. Should you need additional information, please contact our department by email Safety.Regulators@tdlr.texas.gov.

Rick Figueroa, Chair – Brenham, Texas

Tom Butler, Vice-Chair - Deer Park, Texas
Gerald R. Callas, M.D., F.A.S.A. - Beaumont, Texas
Helen Callier - Kingwood, Texas

Nora Castañeda - Harlingen, Texas
Lori High, R.N., N.P., Retired - Spicewood, Texas
Gary F. Wesson, D.D.S., M.S. - Bastrop, Texas

TEXAS DEPARTMENT OF LICENSING
AND REGULATION
P.O. Box 12157
Austin, Texas 78711-2157
1-800-803-9202 (512) 463-6599
www.tdlr.texas.gov



MASSAGE THERAPIST
HONG YANG OSTERGAARD

License Number: MT119244

License Expires: February 29, 2024

If you cut around the border of the license it will fit in
a standard 5" x 7" frame.

NOTE: You may wish to laminate the pocket identification
card to preserve it.

The person named on the reverse is licensed by the
TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157
Austin, Texas 78711-2157
1-800-803-9202 (512) 463-6599
www.tdlr.texas.gov

HONG YANG OSTERGAARD



Rick Figueroa
Chair

Thomas F. Butler
Vice Chair



Gerald R. Callas, M.D., F.A.S.A.
Helen Callier
Nora Castañeda
Joel Garza
Gary F. Wesson, D.D.S., M.S.

Licensed Massage Therapist

HONG YANG OSTERGAARD

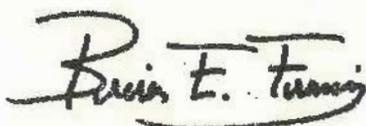
License Number: MT119244



The person named above is licensed by the Texas Department of Licensing and Regulation.

License Expires: February 29, 2024

Brian E. Francis
Executive Director





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

November 9, 2022

Hong Yang Ostergaard

RE: Criminal History Background Check

Ms. Ostergaard:

Your Criminal History Background Results expired as of **September 30, 2022**.

We have included a new livescan voucher or new fingerprint cards and an invoice for \$85.00 for the new background with this letter.

Please remit payment of \$85.00 in the form of a cashier's check or money order within the next 15 days.

Please contact one of the fingerprinting agencies to have your fingerprints completed.

If you have any questions, please email us at nvmassagebd@lmt.nv.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn
Executive Assistant
NSBMT

COPY

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

Nevada Board of Massage Therapy

1755 E. Plumb Lane, Suite 252
Reno, NV 89502

Invoice

Date	Invoice#
11/9/2022	1259

Phone# 775-687-9955

Bill To
Hong Yang Ostergaard

Terms	Due Date
Net 15	11/24/2022

Description	Amount
Background Investigation Fee **Payable with a money order or cashier's check. Personal checks will not be accepted**	85.00
COPY	
Total	\$85.00



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

September 1, 2022

Hong Yang Ostergaard

Re: Missing documents

Ms. Ostergaard:

We are not able to process your Nevada massage application request due to the following missing documents:

- 1.) Photo
- 2.) Certified statement or verification from TX
- 3.) Background results expire on 9/30/2022

Please provide all of the above information within 60 days of receipt of this letter or inform the Board of when you anticipate having everything compiled.

If you have any questions, please email our office at nvmassagebd@lmt.nv.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn
Executive Assistant
NSBMT

COPY

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

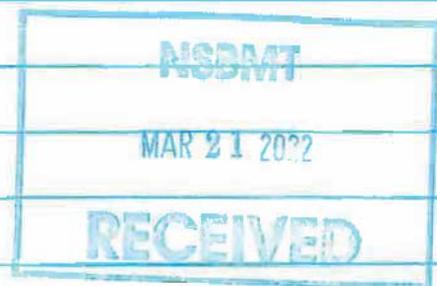
March 16, 2022

Experience of Events

I was managing my Spa in Richardson Texas when the arrest happened.

Dec 01, 2017. A member of my Staff was massaging a client of half hour. He asked for a second masseuses for half hour. So I came in and he asked me how much additional charge? I told him as some \$45 Dollars for half hour. And the next thing I knew the police came in and we were both arrested. I have never and will never engage in any illicit activities. This was an unjustified and unfair arrest. I am an experienced licensed massage therapist and have owned my own business for many years. Thank you for understanding this was a horrible experience for me.!

Hong Ostergaard





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Email: nvmassagebd@lmt.nv.gov

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

April 20, 2023

Hong Yang Ostergaard

Re: Application - Phone

Dear Ms. Ostergaard,

We have discovered that your phone number on file, has been associated with a sexually illicit website. 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. Please contact your phone company regarding your account associated with [redacted] -1624. We are requesting a letter indicating the date you were issued that phone number. That letter will need to be on letterhead in order to be accepted.
2. Please provide your previous contact phone number prior to [redacted] 1624.
3. Please contact your phone company regarding that previous number and request a letter indicating the date you were issued that phone number. That letter will need to be on letterhead in order to be accepted.
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 **09/30/2023**. 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,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn
Executive Assistant

COPY

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

To: Nevada State Board of Massage Therapy
management

May 05, 2023

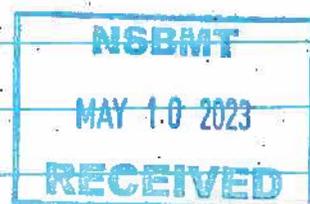
Hi! Dear Manager: Tereza Van Horn

When I got mail from you, so I have been to the Spectrum phone service department, show the mail letter to them, what I need. but they told me they are never made such a letter like this, so they tell me to call they are headquarters to try it, and I called them, but they gave me the answer as same as like service department staff of Spectrum, but they said just send that monthly payment bill, on the page have the original registered person name: Attended. I didn't advertise online, it was the previous owner did, probably they did one time packaging to paid for long-term for can get very discounted advertising.

When I got the foot spa, I was trying to change the phone number, but the previous owner was suggesting to me better do not change, if change will have no business, also have to do lots thing and pay ~~to~~ a lot fees, so I didn't to change the phone number, Wifi, Credit Card machine company, because that I keep what ever they have.

Sorry my english not good enough! it took me five days to complete the letter. for explain!

Thank you!





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>

July 7, 2023

Hong Yang Ostergaard

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. Ostergaard:

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=Q3hwb2lxSkNGQlpgYmhlLV3N6dk1sQT09>

Meeting ID: 844 0233 0839

Password: 837512

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 281 248 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.

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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