

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: June 7, 2023

APPLICANT: Xiaohong Deng  
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Deng's massage application is before you today for review that could not be approved administratively. Ms. Deng 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(3)
- Denied – NRS 640C.700(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, NEVADA

**Application:** License Application  
**Application Number:** OL220825075562

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? :  Yes  No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? :  Yes  No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE – no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :**  **Massage Therapist**  **Structural Integration**  **Reflexology**

### Applicant Name

**Last Name :** DENG

**First Name :** XIAOHONG

**Middle Name :**



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

No record found.

**Mailing address :**

**Street :**

**City :**

**State :**

**Zip :**

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

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Date of Birth :**

**Place of Birth :**

**Gender :**  Male  Female

**Home/Cell Phone :**

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

Home  Mailing  Business

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

notifications)

Yes  No

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

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

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

**Section 3 : Previous Licensure Information**

**Previous Licensure :**

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

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
CA	Massage	2013	06/27/2023

**Section 4 : Training and Education**

**Training :**

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

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Davids Academy of Beauty	Pico Rivera	2011 - 2012	600
FUZUBA	Las Vegas	2022 - 2022	550

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
OL220825075562-197805-Transcript.pdf	FUZUBA-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
ITEC	Las Vegas / NV	08/15/2022

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
220825075562-192994-ScoreReportCard.pdf	ITEC	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

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

Yes  No

If yes, add the disciplinary actions below.

No record found.

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

Yes  No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

Yes  No

If Yes, please explain in below textbox :

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

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

Yes  No

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

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the **Nevada State Board of Massage Therapy** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information

Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

**Last Name :** DENG

**First Name :** XIAOHONG

**Middle Name :**

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 9/9/2022

**Submitting Agency :** Nevada State Board of Massage Therapy

**Address :** 1755 E. Plumb Ln. Suite 252, Reno, NV 89502

#### VETERAN

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

**Have you ever served in the military:**  Yes  No

**Branch(es) of Service:** (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **XIAOHONG DENG** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

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

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

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

Name : XIAOHONG DENG

Date : 10/6/2022

### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

Yes  No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

Yes  No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

Yes  No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Transcript	OL220825075562-197805-Transcript.pdf	FUZUBA	TRANSCP
Certificate of Completion	OL220825075562-197804-Certificate-of-Completion.pdf	FUZUBA	DIPL
Photo	220825075562-Photo Deng Xiaohong.jpg		
Score Report Card	220825075562-192994-ScoreReportCard.pdf	ITEC	
Certified Statement	220825075562-192993-Certified-Statement.pdf	CA VERIF	
Current Massage License	OL220825074761-190849-Current-Massage-License.jpg		
Social Security Card	OL220825074761-190848-Social-Security-Card.jpg		
Government Issued ID Card	OL220825074761-190847-Government-Issued-ID-Card.jpg		

### Application Fees

**All fees are non-refundable.**

### Fee Detail(s)

### Payment Detail(s)

Payment Method:

Amount Paid:






**Transcript**  
 FuZuBa School of Massage and Reflexology  
 3880 Schiff Dr.  
 Las Vegas, NV 89103

Student: Xiaohong Deng SSN: Gender: Female Birth Date: Start Date: 02/14/2022 Graduation Date: 09/09/2022	Grade: 2.04 Total Earned Hours: 550
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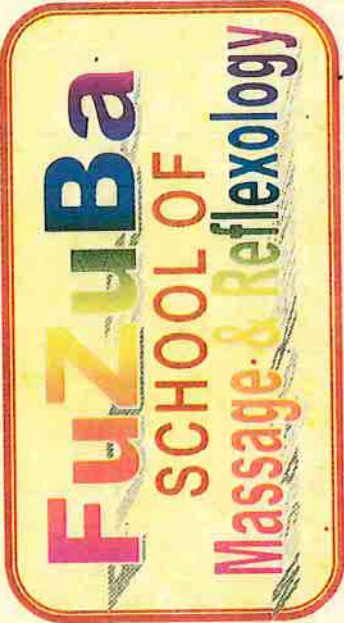
GPA: 2.04				
Course	Marks	Grade	Credits	Earned
Unit A: Anatomy, Physiology, & Kinesiology	72	C-	125	125
Unit B: Theory and Practice of Massage	70	C-	220	220
Unit C: Other Modalities of Massage	80	B-	125	125
Unit D: Pathology for Massage Therapists	84	B	40	40
Unit E: Standards of Professional Practice	76	C	40	40
<b>Total Credits</b>				<b>550</b>

Grading Scale				
97 - 100 = A+	93 - 96 = A	90 - 92 = A-	87 - 89 = B+	83 - 86 = B
80 - 82 = B-	77 - 79 = C+	73 - 76 = C	70 - 72 = C-	0 - 69 = F



<p>Official Seal</p> 	<p>Notes</p> <p>-Grade points are for comparison purposes only          -ITEC scores are reported separately</p>	<p>Signature of the Registrar</p> <p><i>Nathan O'Hara</i></p> <p>Not official without school seal</p> <p>IN ACCORDANCE WITH THE FAMILY EDUCATIONAL ACT OF 1974, THIS RECORD CANNOT BE RELEASED TO A THIRD PARTY WITHOUT THE CONSENT OF THE STUDENT</p>
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NSBMT  
OCT 13 2022  
RECEIVED



### Certificate of Graduation

I certify that Xiaohong Deng, having successfully completed the 550-hour Professional Practice of Therapeutic Massage training program, is hereby awarded, the Certificate of Graduation this 9<sup>th</sup> day of September, 2022, with all the rights and responsibilities thereto pertaining.



*Nathan O'Hara*  
Nathan O'Hara, Ph.D.  
Director





BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS • BUREAU FOR PRIVATE POSTSECONDARY EDUCATION  
1747 N. Market Blvd., Suite 225, Sacramento, CA 95834  
P (916) 574-8900 | Toll-Free (888) 370-7589 | www.bppe.ca.gov



August 17, 2022

Xiaohong Deng

RE: Transcript Request for Xiaohong Deng from David's Academy of Beauty.

Dear Requestor:

The Bureau for Private Postsecondary Education (Bureau) is in receipt of your recent request for your transcripts. In accordance with the Private Postsecondary Act of 2009, section 94927.5, David's Academy of Beauty was to provide the Bureau with all student records prior to closing David's Academy of Beauty did not provide the Bureau with records.

Prior to 2010, non-degree granting schools were required to maintain transcripts for five years, and degree granting schools were required to maintain transcripts for 50 years. As of January 1, 2010, schools are mandated to permanently maintain transcripts. (94900. Required Student Records).

We apologize for the inconvenience this as caused you. If you have any questions, please contact the Bureau at (916) 574-8900.

Sincerely,

Administration Chief  
Bureau for Private Postsecondary Education



Cc: NV State Board of Massage Therapy  
1755 E Plum Ln #252  
Reno NV 89502

**Cert Number** 163711/2132/188113/189658 **Student** Xiaohong Deng - E163711 **Qual** Level 3 Diploma in Holistic Massage (603/4097/6) - 2132 **Grade** Pass **Language** Simplified Chinese **Issued** 30/08/2022





Monday, August 29, 2022

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

Certificant Name: Xiaohong Deng  
Certificate Type: Certified Massage Therapist  
Certificate #: 46794  
Effective Date: 6/27/2021  
Expiration Date: 6/27/2023  
Method of Certification: Portal F (500 hours)

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

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

Thank you,

*Charlette L. Stewart*

Charlette L. Stewart  
Customer Service Representative



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



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

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

**Certified Statement from State Licensing Authority**

**TO BE COMPLETED BY LICENSING AUTHORITY ONLY**

(Transferring from another Jurisdiction)

Dear Sirs,

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

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

Applicant Name: Xiaohong Deng License Number: CA # 46794

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

	<b>License Information</b>
Name:	<u>Xiaohong Deng</u>
Date of Birth:	_____
Type of License:	<u>Certified Massage Therapist</u>
License Number:	<u>46794</u>
How Issued:	<u>500 hours of massage education</u>
Original Licensure Date:	<u>6/27/2013</u>
Expiration Date:	<u>6/27/2023</u>
Status:	<u>Active</u>



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

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

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

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

Name of licensing agency/jurisdiction: California Massage Therapy Council

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

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

Title: Customer Service Representative

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





**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

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

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

November 9, 2022

Xiahong Deng

Re: DISPOSITION OF RECORD

Dear Ms. Deng,

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 printout 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 **04/30/2023**. 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](mailto:nvmassagebd@lmt.nv.gov).

Sincerely,

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

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.**

3-9-23

I AM A NON VIOLENT AND  
COMPASSIONATE PERSON WITH GOOD  
CHARACTER AND LIKE TO BE TREATED  
FAIRLY.

I WENT TO BUSINESS WHERE  
HUSBAND WAS WORKING. I HAD  
DOG IN CAR TO GIVE TO HUSBAND  
BECAUSE DOG WAS TO BIG ~~FOR ME~~ <sup>FOR ME</sup>  
FOR ME TO TAKE CARE OF AS  
I WAS TRYING TO HEAL FROM  
ACCIDENT, AND DOG PULLS ME  
TO THE GROUND. (HUSBAND SELF SERVING  
SELFISH PERSON)

INCIDENT WAS TRIGGERED BY  
EX HUSBANDS GIRLFRIEND (INSECURE,  
SELF SERVING) INTENTIONAL VERBAL  
AND PHYSICAL OVER EXHIBITION

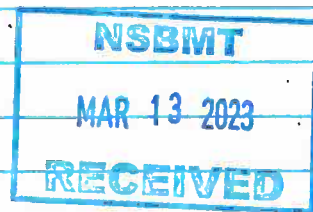
OF CREATING HIGH TENSION, AS IF  
I, RITA WAS A THREAT OF TAKING  
HIM BACK,

I WAS THREAT TO RETURN DING  
AS I COULDN'T TAKE CARE OF AS  
I WAS RECOVERING FROM INJURIES  
OF CAR ACCIDENT WHICH HUSBAND  
WAS DRIVING

~~ATTEMPT~~ LEAVING BUSINESS <sup>EX</sup> HUSBAND  
FOLLOWED ME OUT THEN STRAYED  
HITTING ME AND GRABBING ME  
BETWEEN CARS WITH RESTRICTED VIEW.

(RITA)

XIAOXUANG DING  
XIAOHONG DENG





JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 18M26143X

STATE VS: DENG, XIAHONG

ID #: 07045225

AKA: XIAOHONG, DENG

DR NUMBER: 1800062097

START DATE: 11/27/2018

ARRESTED BY: NO ARRESTING OFFICER

ARREST DATE: 11/27/2018

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 11/27/2018

PROSECUTOR: BRYAN SCHWARTZ

DISPO DATE: 02/06/2019

001 CHARGE: 200.485.1A M DOM BATTERY, (1ST)  
DISPOSITION: -DISMISSED-- DISMISSED/REQUIREMENTS COMPLETED

CITATION: 181100122149 PCN: 0025790598 SEQ: 001



**CERTIFIED COPY**

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.

By [Signature] Deputy  
Date 03-06-23

[Signature]

JUSTICE OF THE PEACE - DEPT. 15



Justice Court, Las Vegas Township  
Clark County, Nevada

Department: 15

Court Minutes



L010518450

18M26143X State of Nevada vs. XIAOHONG, DENG

Lead Atty: Michael M Lin, ESQ

2/6/2019 8:30:00 AM Negotiations (Cash bond)

Result: Matter Heard

PARTIES PRESENT: State Of Nevada Attorney Defendant Schwartz, Bryan Lin, Michael M, ESQ XIAOHONG, DENG

Judge: De La Garza, Melissa  
Court Reporter: Murray, Loree  
Court Clerk: Velazquez, Stephanie

PROCEEDINGS

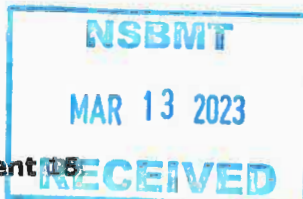
Events: Interpreter Present in Court Vietnamese Admonishment of Rights - BDV Filed in open Court Defendant Waives the Right to Trial Cash Bond Ordered Transferred Amount: \$750.00 Review Date: 2/19/2019 to satisfy Cash Bond Criminal Deferred Disposition Fee. Cash Bond Ordered Exonerated Amount: \$2,250.00 Review Date: 2/19/2019 Remaining balance after \$750 has satisfied Cash Bond Criminal Deferred Disposition Fee Judgment Entered Case Closed - Dismissed

Plea/Disp: 001: Dom battery, (1st) [50235] Plea: Nolo Contendere Disposition: Dismissed After Diversion - Requirements Completed Sentence: Requirements Complete Suspended Jail Sentence 2/6/2019 - Closed (2/6/2019) 90 days Stay Out of Trouble 2/6/2019 - Satisfied (2/6/2019) Impulse Control Counseling 2/6/2019 - Satisfied (2/6/2019)

Imposed Fees Cash Bond Criminal Deferred Disposition Fee \$750.00 Fee Totals: \$750.00

CERTIFIED COPY The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, IN and for the County of Clark, State of Nevada.

By [Signature] Deputy Date 03-06-23



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**NOTICE OF WITNESSES**  
**[NRS 174.234]**

TO: Defendant or attorney of record:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the STATE OF NEVADA intends to call the following witnesses:

<u>NAME</u>	<u>ADDRESS</u>
CUSTODIAN OF RECORDS	Communication Bureau Law Enforcement Agency – Clark County, Nevada

These witnesses are in addition to those witnesses noted in the discovery or other documents provided.

DATED November 28, 2018.



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JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY, NEVADA

LAS VEGAS JUSTICE COURT  
FILED IN OPEN COURT

JAN 02 2019

BY *[Signature]*

THE STATE OF NEVADA,

Plaintiff,

-vs-

DENG ZIAOHONG #7045225,

Defendant.

CASE NO: 18M26143X

DEPT NO: 14

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of BATTERY CONSTITUTING DOMESTIC VIOLENCE (Misdemeanor - NRS 200.485(1)(A), 200.481(1)(A), 33.018 - NOC 50235), in the manner following, to wit: That the said Defendant, on or about the 27th day of November, 2018, at and within the County of Clark, State of Nevada, did willfully and unlawfully use force or violence against or upon the person of her spouse, former spouse, any other person to whom she is related by blood or marriage, a person with whom she has had or is having a dating relationship, a person with whom she has a child in common, the minor child of any of those persons or her minor child, to wit: JIANZHONG YAN, by scratching and/or hitting the said JIANZHONG YAN.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.



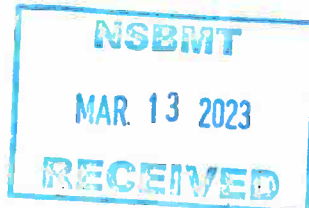
*[Signature]*  
11/28/18

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.

By *[Signature]* Deputy  
Date 03-06-23

18M26143X/vw  
LVMPD EV# 181100122149  
(TK10)





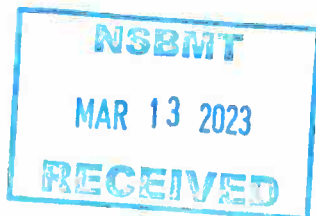


G. Harper, Esq for M. Lin, Esq

- 01/02/2019 **Discovery Given to Counsel in Open Court**
- 01/02/2019 **Continued For Negotiations**
- 01/02/2019 **Minute Order - Department 14**
- 01/07/2019 **Administrative Reassignment to Department 15**  
*Case reassigned from Department 14 (Judge Chelini Amy)*
- 01/30/2019 **Counseling Report**
- 02/06/2019 **Negotiations (8:30 AM) (Judicial Officer De La Garza, Melisa)**  
*Cash bond*  
Result: Matter Heard
- 02/06/2019 **Interpreter Present in Court**  
*Vietnamese*
- 02/06/2019 **Admonishment of Rights - BDV**  
*Filed in open Court*
- 02/06/2019 **Defendant Walves the Right to Trial**
- 02/06/2019 **Cash Bond Ordered Transferred**  
*to satisfy Cash Bond Criminal Deferred Disposition Fee.*
- 02/06/2019 **Cash Bond Ordered Exonerated**  
*Remaining balance after \$750 has satisfied Cash Bond Criminal Deferred Disposition Fee*
- 02/06/2019 **Judgment Entered**
- ~~02/06/2019 Case Closed - Dismissed~~
- ~~02/06/2019 Minute Order - Department 15~~
- 02/06/2019 **Notice of Disposition and Judgment**
- 03/20/2019 **Transcript of Proceedings**

**FINANCIAL INFORMATION**

	<b>Defendant XIAOHONG, DENG</b>		
	Total Financial Assessment		790.00
	Total Payments and Credits		790.00
	<b>Balance Due as of 03/06/2023</b>		<b>0.00</b>
11/28/2018	Transaction Assessment		40.00
11/28/2018	Payment (Window)	Receipt # PT-2018-11340	(40.00)
02/12/2019	Transaction Assessment	Yan Jianzhong	750.00



# Certificate of Completion

Awarded to  
Deng, Xiaohong  
From

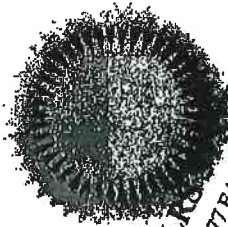
*LRS Systems*

Impulse Control/Anger Management

Case number: 18M26143X

One class successfully attended.

Class attended 01/13/19



LRS SYSTEMS, LTD.  
2077 EAST SAHARA AVENUE  
LAS VEGAS, NV 89104

A handwritten signature in black ink, appearing to be "Ifma Molina".

Signed by Ifma Molina





**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>

April 21, 2023

Xiaohong Deng

RE: Criminal History Background Check

Ms. Deng:

Your Criminal History Background Results will expire as of **April 30, 2023**.

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](mailto: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 #
4/21/2023	1293

Phone # 775-687-9955

Bill To
Xiaohong Deng

Terms	Due Date
Net 15	5/6/2023

Description	Amount
Background Investigation Fee - Background expires on 4/30/2023	85.00
**Payable with a money order or cashier's check. Personal checks will not be accepted**	
<b>Total</b>	<b>\$85.00</b>



THIS COMPLAINT ABOUT YOUR  
DESIGN TO GET EXTRA MONEY  
FROM PUBLIC. YOU ASK ME:  
TO DO FINGER PRINTS TWICE WHILE  
YOU ON THE STALL TO PERFORM.  
YOU ARE PUTTING MY LIFE BEHIND  
A BALL OF SUCCESS, PLEASE  
REGURGITATE & STOP THIS  
PRACTICE



~~Xiao hong deng~~  
XIAOHONG DENG  
4-26-23.



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

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

May 4, 2023

Xiaohong Deng

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. Deng:

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 June 7, 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/88127538257?pwd=dnM4SzIianJLN3crVm40c003ckOwOT09>

Meeting ID: 881 2753 8257

Password: 839656

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)

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

COPY

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

Sincerely,



Sandra J. Anderson  
Executive Director

9489 0090 0027 6447 8869 82