

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: June 7, 2023

APPLICANT: Aihua Yuan

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Yuan's massage application is before you today for review that could not be approved administratively. Ms. Yuan is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

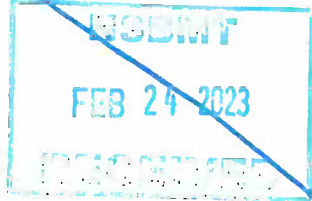
- Approved
- Probation – NRS 640C.700 (9) (11); NAC 640C.410 (1) (bb)
- Denied – NRS 640C.700 (9) (11); NAC 640C.410 (1) (bb)
- Tabled

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 Yuan First Aihua 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 _____ 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: China

Home Phone: N/A Cell Phone: _____ Business Phone: N/A 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 _____



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
<i>Arno School</i>	<i>Las Vegas NV</i>	<i>2/2022-8/2022</i>	<i>650</i>

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
<i>Las Vegas NV</i>	<i>10/28/2022</i>	<i>N/A</i>

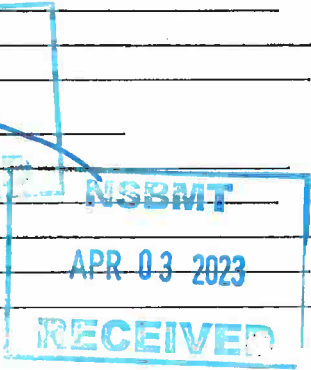
**NSBMT
APR 03 2023
RECEIVED**

**NSBMT
FEB 24 2023
RECEIVED**

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"/>	1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration? If yes, please provide the following information for each occurrence: (*required) *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ _____ *Reason for action: _____ *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ _____ *Reason for action: _____
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license: (a) Made sexual advances toward the person; (b) Requested sexual favors from the person; or (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board; If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required) *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____ *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____



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

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

Affidavit of Applicant / Authorization of Release

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

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

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

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

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

Signature of Applicant: Al Hua Yuan Date: 2/15/23

State of Nevada County of Clark

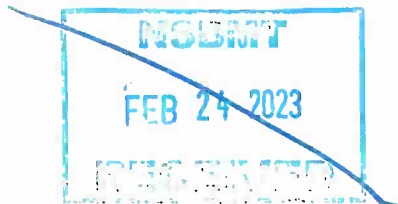
Signed and sworn to before me this 15 day of February 2023

Aihua Yuan, who personally appeared before me.

[Signature]
Notary Public Signature

4/27/23
Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

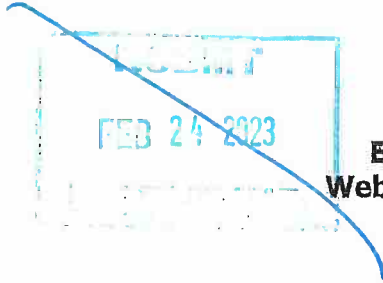
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Fax (775) 786-4264

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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

RECEIVED
 FEB 24 2023

NSBMT
 APR 03 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 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:	
AY Initial	2/15/23 Date

NSD/MIT
FEB 24 2023

NSD/MIT
APR 03 2023
RECEIVED

- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 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.)
- 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.
- 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.
- 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: _____
PLEASE PRINT
Yuan Last Name Aihua First Name _____ Middle

Applicant's Signature: _____
Date: _____
Aihua Yuan
2/15/23

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

Agency Representative Signature: _____
Date: _____
Kimberly Bunk
4/13/23



AMO School NV

4001 S DECATUR BLVD # 24, LAS VEGAS NV 89103
TEL: 702-280-7599 EMAIL: INFO@AMOSCHOOL.COM
HTTP://WWW.AMONV.COM



Name: Aihua Yuan

Student ID: AMP022222D18

CUM GPA: 2.0

Date of Birth:

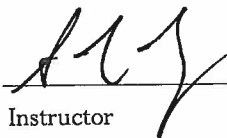
Start Date: 02/22/2022

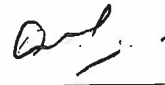
Graduation Date: 08/05/2022

Official Student Academic Transcript

Professional Massage Therapist Program 650 Hours			
285 Hours Theory		365 Hours Practicum	
SUBJECT	HRS	SUBJECT	HRS
1. Health & Safety	10	1. Swedish	75
2. Contraindications	16	2. Tuina Massage	75
3. Special Population	19	3. Reflexology	15
4. Traditional Chinese Medicine	20	4. Trigger Point	15
5. Meridian	10	5. Neuro Muscular	15
6. Anatomy & Physiology	105	6. Sport Massage	30
7. Kinesiology	20	7. Myofascial Release	15
8. Pathology	40	8. Hydrotherapy	15
9. Professional Business	20	9. Lymphatic Drainage	15
10. Professional Ethics	25	10. Chair Massage	15
		11. Clinic	80
Theory GPA	C	Practicum GPA	C

GPA: A 100-90%. B 89 - 80%. C 79 - 70%. D 69 - 65 F- Fail 64 - 0% T = Transfer


Instructor


Director

AMO School NV

NSBMT
MAR 06 2023
RECEIVED

This Certifies That

Aihua Yuan

Has successfully completed the Program
**Tuina Professional
Massage Therapist (650 Hours)**

As Developed by this School

And having shown proficiency is hereby awarded this

Diploma



Aiyuan

Instructor

02/22/2022 - 08/05/2022

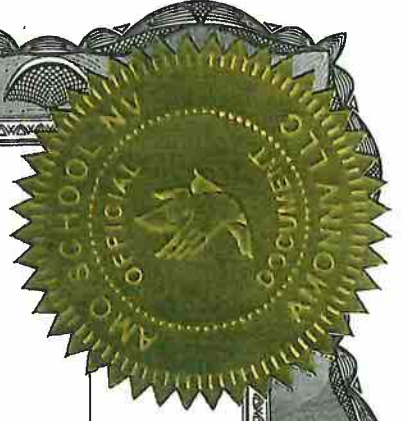
Date

Paul

Director



AMO SCHOOL NV



161465/2132/180276/181800

Aihua Yuan - E161465

Level 3 Diploma in Holistic Massage (603/4097/6) - 2132

Pass Simplified Chinese

30/06/2022 AMO Massage School (X500486)





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

March 30, 2023

Tereza Van Horn
Executive Secretary
Nevada State Board of Massage Therapy
1755 E. Plumb Lane, Ste. 252
Reno, NV 89502

RE: Pending Application of Aihua Yuan

Dear Ms. Van Horn:

Recently, the Board sent a letter regarding a request for additional information concerning whether there was any discipline history for Ms. Aihua Yuan originating in another State. This request refers specifically to the first question of Section 6, which states "Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?"

Ms. Yuan has never been licensed in any other State and, therefore, cannot suffer a disciplinary proceeding for a license she does not have. According to the specific directives of Question 1, Section 6, Ms. Yuan has not incurred a revocation, suspension or surrender type action, again because she has no prior license in any other State. I'm not trying to play semantics with wording, however, the question, as specifically asked, does not contemplate any disclosure beyond those matters directly related to disciplinary proceedings for a prior license matter. This is not the situation in Ms. Yuan's case.

Please proceed with her application, enclosed, and supplement the matter with this response. Thank you in advance and take care.

Yours truly,

Kirk T. Kennedy, Esq.
Enc.





State of Utah
 Department of Commerce
 Division of Occupational and Professional Licensing
 ATTN: Citation Coordinator
 160 East 300 South
 P.O. Box 146741
 Salt Lake City, Utah 84114-6741

Referred for Collection

Date 2/4/2022
 Amount \$ 500

Telephone: (801) 530-6628
 Fax: (801) 530-6511
 Website: www.dopl.utah.gov

3/2/2022 101283

CITATION

ISSUED TO: Yuan Aihua		CASE #: 129072
PROFESSION: Massage/Unlicensed	LICENSE #: NONE	
BUSINESS ADDRESS: 651 W 5300 S		CITY: Murray STATE: Utah ZIP: 84123
BUSINESS PHONE: 385-654-0942	BUSINESS EMAIL:	

LOCATION OF OFFENSE: 651 W 5300 S, Murray Utah 84123		
DATE OF OFFENSE: 08 / 18 / 2021	DATE ISSUED: 08 / 20 / 2021	
OFFENSE CODE	DESCRIPTION	
58-1-501(1)(a)	Practicing or engaging in, representing oneself to be practicing or engaging in or attempting to practice any occupation or profession requiring licensure under this title.	

REMARKS: On August 18, 2021, Division Investigator's Matt Hunsaker and Mark D. Baca were offered a massage by Juan Aihua, at Angel Massage, 651 W 5300 S, Murray, Utah 84123. It was found that Ms. Aihua does not possess a State of Utah Massage License.

PERSON SERVED: Mailed & Emailed	SERVED BY: Mark D. Baca
---------------------------------	-------------------------

<input checked="" type="checkbox"/> FINE \$ 500.00	<input checked="" type="checkbox"/> CEASE AND DESIST ORDER
--	--

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
<i>Emailed + USPS</i> RECIPIENT'S SIGNATURE		<i>Mark D. Baca</i> INVESTIGATOR'S SIGNATURE	
<i>8/19/2021</i> DATE			

READ CAREFULLY

- If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
- If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
- Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT COPY



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>

May 4, 2023

Aihua Yuan
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. Yuan:

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=dmM4SzJlanJLN3crVm40c003ckQwQT09>

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.

COPY

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

9489 0090 0027 6461 1190 28

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

f. Review Application Aihua Yuan. (For Discussion and Possible Action)

Aihua Yuan was present with interpreter Baoqin Wang.

Management Analyst VanHorn presented the application of Aihua Yuan to the Board. Ms. Yuan’s massage application is before you today for review that could not be

approved administratively. Ms. Yuan failed to disclose her previous citation issued on August 20, 2021, by Utah Division of Occupational & Professional Licensing for offering to perform a massage at Angel Massage without possessing a State of Utah massage license. A fine amount of \$500.00 was referred to collections for nonpayment until paid on March 2, 2022. Ms. Yuan is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

Motioned by Bianca Smith to deny based on NRS 640C.700(9) and/or (11) and NAC 640C.410(1)(q), seconded by Rebecca Dorangricchia. Motion carried unanimously.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]