

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: June 7, 2023

APPLICANT: Jian Fei Zeng
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

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

ACTION:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied – NRS 640C.700(4) |
| <input type="checkbox"/> Tabled | <input type="checkbox"/> Probation – NRS 640C.700(4) |

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 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>



NSBMT
DEC 16 2022
RECEIVED

NSBMT
JAN 09 2023
RECEIVED

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 | | First | Middle Initial |
| Zeng | | Jian | F |
| List all other names previously or currently being used by you: | | | |
| 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: | |
| | | China | |
| Home Phone: | Cell Phone: | Business Phone: | Gender: |
| N/A | | N/A | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| Business Name: | | | |
| Business Address: | | | |
| Street | City | State | Zip |
| Email Address: | | | |
| Indicate the appropriate selection, which address you would prefer to be public knowledge. Home <input checked="" type="checkbox"/> Mailing <input type="checkbox"/> Business <input type="checkbox"/> | | | |
| Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Section 2: Child Support Information | | | |
| Mark the appropriate response (failure to mark one of the three will result in denial of your application): | | | |
| <input checked="" type="checkbox"/> I am NOT SUBJECT to a court order for the support of a child. | | | |
| <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> 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 \$ | | For Office Use Only: | |
| QB | | 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) |
|---------------------|----------------|--------------------|----------------------------|
| Nevada | 8449 | 2017 | 2019 |
| Florida | 92594 | 2019 | Revoked 2019 |
| | | | |
| | | | |
| | | | |

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

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

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



| Name of School | City and State | Years From and To (YYYY – YYYY) | Hours Completed |
|----------------|----------------|---------------------------------|-----------------|
| AMO School NV | Las Vegas, NV | 8/2016 - 12/2016 | 500 |
| | | | |
| | | | |
| | | | |
| | | | |

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

- MBLEX NCETM NCETMB CESI ITEC ARCB IIR NCBTMB-R

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

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

| Where Taken (City/State) | Date Taken (MM/DD/YY) | Expiration Date (MM/DD/YY) If applicable |
|--------------------------|---|---|
| Las Vegas, NV | 10/12/2016 | n/a |
| |  |  |
| | | |
| | | |

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

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

Yes No

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?
 If yes, please provide the following information for each occurrence: (*required)

*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): 10/31/19
 *Licensing agency/jurisdiction that took action: Nevada Massage Board
 *Name and address of employer/supervisor: N/A
 *Reason for action: Voluntary Surrender related to arrest & litigation

*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____
 *Licensing agency/jurisdiction that took action: _____
 *Name and address of employer/supervisor: _____
 *Reason for action: _____

Yes No

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

Yes No

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

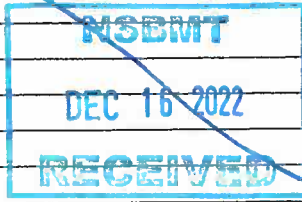
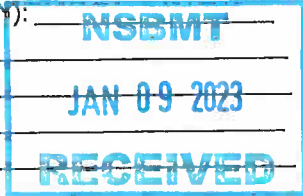
Yes No

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:
 (a) Made sexual advances toward the person;
 (b) Requested sexual favors from the person; or
 (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

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

*Date of charge/offense (MM/DD/YYYY): 7/10/19
 *Name and address of law enforcement agency: LUMPD, 400 S. Mountain
Luathe King Blvd, LV, NV 89106
 *Charge: Solic. by Prostitute - Sealed 1/31/21 LV Jcr
 *Disposition: D. Missed - LV Jcr; Sealed 1/31/21 LV Jcr

*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: *Jian Teng* Date: 12/14/22

State of Nevada County of Clark

Signed and sworn to before me this 14 day of December 2022

Jian Teng, who personally appeared before me.

[Signature]
Notary Public Signature

4/27/23
Notary commission expiration date

(Official Stamp)





Nevada Department of
Public Safety
 Fingerprint Background Waiver

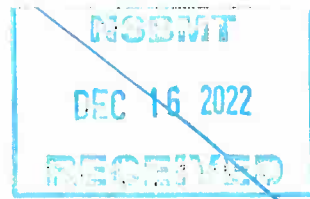
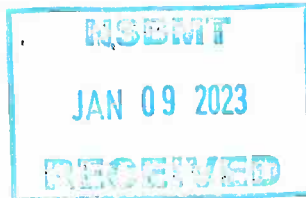
~~NSBMT
 DEC 16 2022
 RECEIVED~~

NSBMT
 JAN 09 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: | |
| <u>27</u> | <u>12/14/22</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.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada State Board of Massage Therapy (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

Applicant's Name: Zeas Jian Fei
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: Jian Fei Zeas
 Date: 12/14/22

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

Agency Representative Signature: Kimberly Buckingham
 Date: 2/24/23



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

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

- Structural Integration Practitioner Massage Therapist Reflexologist

Nevada Veteran Data

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

Have you ever served in the military? Yes No

If Yes, check all that apply:

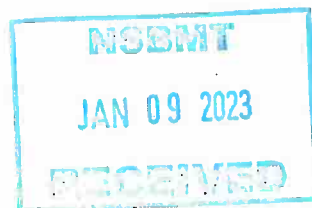
Branch(es) of Service:

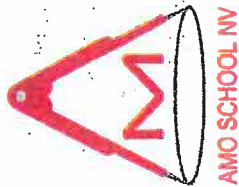
| | |
|--|--|
| <input type="checkbox"/> Army/Army Reserve | <input type="checkbox"/> Marine Corps/Marine Corps Reserve |
| <input type="checkbox"/> Navy/Navy Reserve | <input type="checkbox"/> Air Force/Air Force Reserve |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Coast Guard/Coast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





AMO SCHOOL NV

5115 SPRING MOUNTAIN ROAD #215

LAS VEGAS NV 89146

TEL: 702-489-8305 EMAIL: AMOSCHOOLNV@GMAIL.COM

HTTP://WWW.AMONV.COM



Name: Jianfei Zeng Student ID: 020776

Official Student Academic Transcript

| Tuina Professional Massage Therapist Program 500 Hours | | | | |
|--|------------|-------------|----------|-------------------|
| SUBJECT | HOURS | TEST SCORE | GRADE | DATE |
| 1. Anatomy & Physiology | 100 | 82 | B | 12/08/2016 |
| 2. Traditional Chinese Medicine Oriental Anatomy & Physiology | 25 | 80 | B | 12/12/2016 |
| 3. Massage Theory and History | 125 | 87.5 | B | 12/14/2016 |
| 4. Pathology | 40 | 84 | B | 12/12/2016 |
| 5. Professional Practice & Business Ethics | 4 6 | 80 | B | 12/12/2016 |
| 6. Practicum | 200 | 84 | B | 12/14/2016 |
| TOTALS | 500 | 82.9 | B | 12/15/2016 |

[Signature]
Instructor

08/08/2016 - 12/15/2016

Date

[Signature]

School Principal

AMO School NY



This Certifies That
Jianfei Zeng
Has successfully completed the Program
**Tuina Professional
Massage Therapist (500 Hours)**



Marggraf
Instructor

As Developed by this School

And having shown proficiency is hereby awarded this

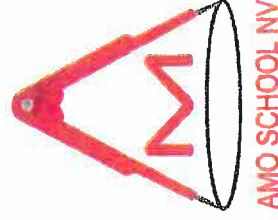
Diploma

08/08/2016 - 12/15/2016

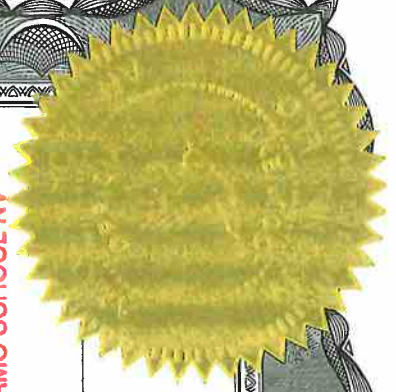
Date

Orl

School Principal



AMO SCHOOL NY





NSBMT
OCT 13 2016
Received

MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

MBLEx scores received on: 10/13/2016

| <u>Last Name</u> | <u>First Name</u> | <u>Last four SS#</u> | <u>DOB</u> | <u>Exam Date</u> | <u>Attempt</u> | <u>Score</u> | <u>Pass/Fail</u> | <u>Language</u> | <u>School</u> |
|------------------|-------------------|----------------------|------------|------------------|----------------|--------------|------------------|-----------------|---------------|
| Zeng | Jianfei | 9852 | | | 1 | 746 | Pass | English | AMO School |

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



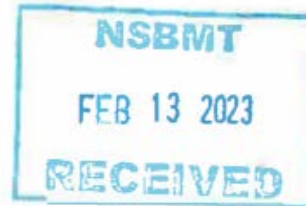
Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

February 8, 2023

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



RE: License Certification for Jian Zeng

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

| | |
|----------------------------|-------------------|
| PROFESSION: | Massage Therapist |
| LICENSE NUMBER: | MA92594 |
| ORIGINAL CERTIFICATION: | 05/14/2019 |
| EXPIRATION DATE: | 08/31/2021 |
| CURRENT STATUS OF LICENSE: | REVOKED, |
| AGENCY ACTION: | Yes |
| LICENSE GRANTED BY: | N/A |
| OTHER CERTIFICATIONS: | |

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,


A handwritten signature in black ink that reads "Gwendolyn B. Freeman".

Gwendolyn B. Freeman
Operations and Management Consultant Manager



FILED DATE - MAR 04 2022

Department of Health

By: 
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MASSAGE THERAPY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

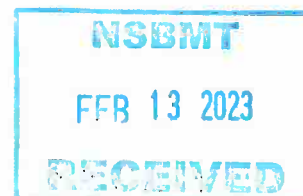
Case No.: 2019-47939
License No.: MA 92594

JIAN ZENG,

Respondent.

FINAL ORDER

This matter appeared before the Board of Massage Therapy at a duly-noticed public meeting on January 27, 2022 in St. Augustine, Florida, for a hearing not involving disputed issues of material fact pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Petitioner filed an Administrative Complaint seeking disciplinary action against Respondent's license to practice massage therapy. A copy of the Administrative Complaint is attached to and made a part of this Final Order. Respondent was properly served by certified mail. Respondent failed to timely submit an election of rights or otherwise respond to the Administrative Complaint. Petitioner filed a Motion for Determination of Waiver and Entry of Final Order. Petitioner was represented by Dannie Hart, Assistant General Counsel, Department of Health. Respondent was not present at the meeting.



FINDINGS OF FACT

Since the licensee has not replied to the Administrative Complaint nor contested the factual allegations, the prosecuting attorney offered the investigative file to prove the facts as alleged. The investigative file was received into evidence and the Board finds the uncontested facts adequately support the allegations. Therefore, the Board adopts as its finding of facts the facts as set forth in the Administrative Complaint.

CONCLUSIONS OF LAW

Based upon the Findings of Fact, the Board concludes the licensee has violated Section 480.046(1)(b), Florida Statutes.

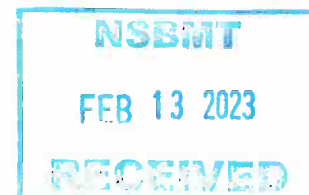
The Board is empowered by Sections 456.072(2) and 480.046(2), Florida Statutes, to impose a penalty against the licensee.

Therefore, it is ORDERED that:

The license of JIAN ZENG, is hereby REVOKED.

The Respondent must pay investigative costs of \$79.34 within 90 days of the date this Final Order is filed. Payment shall be made to the Board of Massage Therapy and mailed to, DOH-Compliance Management Unit, 4052 Bald Cypress Way, Bin C-76 Tallahassee, Florida 32399-3276, Attention: Massage Therapy Compliance Officer. Payment must be made by cashier's check or money order ONLY. Personal checks will not be accepted.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.



DONE AND ORDERED this 3 day of March, 2022.

BOARD OF MASSAGE THERAPY



Kama Monroe
Executive Director
for Christopher Brooks, Chair

NOTICE OF APPEAL RIGHTS

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. and Certified mail to: JIAN ZENG, 9518 Alhambra Valley Street, Las Vegas, NV 89178; and by e-mail to: Diane Guillemette, Assistant Attorney General,



Diane.guillemette@myfloridalegal.com and Andrew Pietrylo, Chief
Legal Counsel, Department of Health,
Andrew.pietrylo@flhealth.gov; on this 4 day of March,
2022.

Certified Article Number

7414 7266 9904 2178 1239 51

SENDER'S RECORD

Jian Zeng
9518 Alhambra Valley Street
Las Vegas, NV 89178


Deputy Agency Clerk



STATE OF FLORIDA
BOARD OF MASSAGE THERAPY

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2019-47939

JIAN ZENG, L.M.T.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Massage Therapy against Respondent, Jian Zeng, L.M.T., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of massage therapy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 480, Florida Statutes.
2. At all times material to this Administrative Complaint, Respondent was a licensed massage therapist within the state of Florida, having been issued license number MA 92594.



Exhibit A

3. Respondent's address of record is 9518 Alhambra Valley Street, Las Vegas, Nevada 89178.

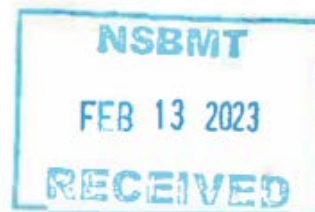
4. At all times material to this Administrative Complaint, Respondent held Nevada massage therapist license NVMT 8449.

5. On or about October 30, 2019, the Nevada State Board of Massage Therapy accepted the voluntary surrender of Respondent's Nevada massage therapy license.

6. Section 480.046(1)(b), Florida Statutes (2019), provides that having a license to practice massage revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country, constitutes grounds for disciplinary action.

7. Respondent had a license to practice massage therapy revoked, suspended, or otherwise acted against, by the licensing authority of another state, territory, or country, when, on or about October 30, 2019, the Nevada State Board of Massage Therapy accepted the voluntary surrender of Respondent's Nevada massage therapy license.

8. Based on the foregoing, Respondent violated Section 480.046(1)(b), Florida Statutes (2019), by having a license to practice



massage revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

WHEREFORE, the Petitioner respectfully requests that the Board of Massage Therapy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of June 2020.

Scott A. Rivkees, M.D.
State Surgeon General
/s/ Ryan Sandy
Ryan Sandy
Assistant General Counsel
Florida Bar No. 117940
DOH Prosecution Services Unit
4052 Bald Cypress Way
Tallahassee, FL 32399-3265
Telephone (850) 558-9862
Ryan.Sandy@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Amy Larraway*

DATE JUN 30 2020

PCP Date: 6/24/20
PCP Members: Wakeman and Whitridge

NSBMIT
FEB 13 2023
RECEIVED

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please be advised that mediation under Section 120.573, Florida Statutes, is not available for administrative disputes involving this agency action.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.





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

January 4, 2023



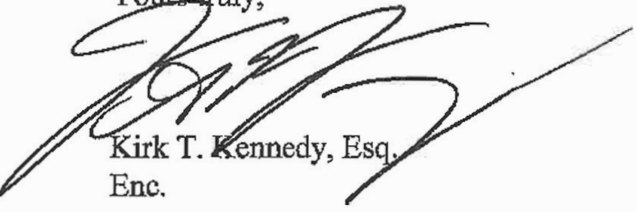
Tereza Van Horn
Executive Assistant
Nevada State Board of Massage Therapy
1755 E. Plumb Lane, Ste. 252
Reno, NV 89502

Re: Supplement for Jian Fei Zeng Massage Therapy Application

Dear Ms. Van Horn:

Enclosed, please find the revised application form for Jian Fei Zeng. The Board sent her application back on December 21 due to an oversight in not including information about her prior Florida massage license. She obtained a Florida license in 2019, but it was revoked the same year by Florida based off her Nevada disciplinary action. She has no valid license at this time in any State. Thank you.

Yours truly,


Kirk T. Kennedy, Esq.
Enc.

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Case No. NVMT-C-1934

Jian Fei Zeng,

**COMPLAINT AND
NOTICE OF HEARING**

Licensed Massage Therapist
Nevada License No. NVMT.8449,

Respondent.

The Nevada State Board of Massage Therapy (Board), by and through its Executive Director, Sandra Anderson, hereby notifies Jian Fei Zeng ("Respondent") of an administrative hearing, which is to be held pursuant to Chapters 233B, 622, 622A of the Nevada Revised Statutes (NRS) and 640C of the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC). The purpose of the hearing is to consider the allegations stated below and to determine if the Respondent should be subject to an administrative penalty as set forth in NRS 640C.710, if the stated allegations are proven at the hearing by the evidence presented.

Respondent is currently and at all times mentioned herein, licensed as a massage therapist in the State of Nevada and is therefore, subject to the jurisdiction of the Board and the provisions of NRS Chapter 640C.

IT IS HEREBY ALLEGED AND CHARGED AS FOLLOWS:

ALLEGED FACTS

1. On or about July 10, 2019, Respondent, while working at A Plus Massage Spa located at 6120 Tropicana Ave., Las Vegas, Nevada 89103, was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

VIOLATIONS OF LAW

COUNT ONE

1. By soliciting sexual activity during the course of practicing a massage, Respondent violated the provisions of NRS 640C.700(4). This is grounds for discipline pursuant to NRS 640C.700(2) and/or (9).

1 PRAYER FOR RELIEF

2 WHEREFORE, Executive Director, Sandra Anderson, prays as follows:

- 3 2. That the Board conduct a hearing on this complaint as provided by statute, and after such
4 hearing, that the Board impose upon Respondent the discipline permitted by NRS
5 640C.710, which may include the following, (a) the imposition of an administrative fine of
6 not more than \$5,000.00 per violation, (b) recovery of reasonable investigative fees and costs
7 incurred, (c) recovery of attorney fees pursuant to NRS 622.400, (d) licensee be publicly
8 reprimanded, (e) suspend, revoke or place conditions on the licensee's license, (f) place the
9 licensee on probation, and/or (g) such other impositions as may be permitted by Nevada law.

10
11 PLEASE TAKE NOTICE that a disciplinary hearing has been set to consider this
12 Administrative Complaint against the above-named Respondent in accordance with Chapters 233B,
13 622, 622A and 640C of the Nevada Revised Statutes.

14 THE HEARING WILL TAKE PLACE on **Wednesday, October 30, 2019, commencing at**
15 **9:00 a.m.** or as soon thereafter as the Board is able to hear the matter at the Legislative Counsel
16 Bureau, located at 401 S. Carson Street, Room 2135, Carson City, Nevada 89701, with video
17 conferencing to the Grant Sawyer Building, located at 555 E. Washington Ave., Room 4412, Las
18 Vegas, Nevada 89101.

19 PURSUANT TO NRS 622A.320, Respondent may, but is not required to, file an answer to
20 this Complaint with the Board.

21 PURSUANT TO NRS 622A.330, Respondent may seek limited discovery from the Board.

22 As the Respondents, you are specifically informed that you have the right to appear and be
23 heard in your defense, either personally or through counsel of your choice. You have the right to
24 respond and to present relevant evidence and argument on all issues involved. You have the right to
25 call and examine witnesses, introduce exhibits, and cross-examine opposing witnesses on any matter
26 relevant to the issues involved.

27 You have the right to request that the Board issue subpoenas to compel witnesses to testify
28 and/or evidence to be offered on your behalf. In making this request, you may be required to
demonstrate the relevancy of the witnesses' testimony and/or evidence.

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

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

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

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

15 Dated this 20th day of September 2019.

16 **NEVADA STATE BOARD OF MASSAGE THERAPY**

17 
18 SANDRA ANDERSON, Executive Director

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on September 25, 2019, I deposited for mailing at Reno, Nevada, via Certified U.S. Mail, with return receipt and postage prepaid, a true and correct copy of the foregoing **COMPLAINT AND NOTICE OF HEARING**, properly addressed as follows:

Jian Fei Zeng
9518 Alhambra Valley Street
Las Vegas, NV 89178

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

91 7199 9991 7039 9416 3514

NEVADA STATE BOARD OF MASSAGE THERAPY


Employee

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Jian Fei Zeng,

Licensed Massage Therapist
Nevada License No. NVMT:8449,

Respondent.

Case No. NVMT-C-1934

**VOLUNTARY SURRENDER
IN LIEU OF OTHER DISCIPLINE**

I, Jian Fei Zeng, wish to voluntarily surrender my Nevada Massage Therapy License.

1. It is alleged that:

a. On or about July 10, 2019, while working at A Plus Massage Spa located at 6120 Tropicana Ave., Las Vegas, Nevada 89103, I was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

2. I admit only that these factual allegations may constitute grounds for disciplinary action pursuant to NRS 640C.710 because the conduct may have violated NRS 640C.700(2)(4)(6)(9) and/or (10).

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

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

5. I am aware that I have certain constitutional rights, including:

(a) I have the right to hire an attorney to represent me in this proceeding;

(b) I have the right to demand a hearing on the charges against me, and I can require the Board's staff to prove the allegations;

(c) I have the right to cross-examine the witnesses against me;

(d) I have the right to call witnesses to provide evidence on my own behalf;

(e) I have other rights accorded to me under the Nevada Revised Statutes Chapters 233B, 622, 622A and 640C.

(f) I have the right to obtain judicial review of the Board's decision.

6. I am aware of the foregoing rights in paragraph five (5), and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting my voluntary surrender of my massage therapist license in lieu of other disciplinary action.

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- 7. I understand this Voluntary Surrender is considered disciplinary action and as such will become part of my permanent record.
- 8. I understand this Voluntary Surrender is considered public information.
- 9. I understand this Voluntary Surrender is considered disciplinary action and will be reported to the national repository, which records disciplinary action taken against licensees, or any agency or another state, which regulates the practice of Massage Therapy.
- 10. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as evidence against me to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.
- 11. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanctions in any other matter.
- 12. I understand that this surrender is effective on the date it was accepted by the Board, which was October 30, 2019.
- 13. I agree not to apply for re-licensure with the Board as a massage therapist until three years have passed from the date of the Board's acceptance of this Voluntary Surrender, which was at its meeting held on October 30, 2019.

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

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

NEVADA STATE BOARD
OF MASSAGE THERAPY

[Signature] 10/30/19
Board Chair Date

RESPONDENT

[Signature]
Jian Fei Zeng, Respondent Date

LEGAL COUNSEL

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



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@state.nv.us

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

October 31, 2019

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

RE: Board Meeting October 30, 2019 – Jian Fei Zeng

Dear Mr. Kennedy:

Ms. Zeng's voluntary surrender of license in lieu of other disciplinary action was approved at the October 30, 2019, Board Meeting.

Note: Under NRS 640C.910 It is a misdemeanor to practice Massage Therapy without a license or to hold yourself out as a Massage Therapist.

Please request Ms. Zeng to return all three portions of her license bearing the number NVMT.8449 as soon as possible.

Per the terms of the voluntary surrender Ms. Zeng is unable to reapply for licensure for a minimum of three (3) years.

If you have any questions, please email our office at nvmassagebd@state.nv.us

Sincerely,

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

Tereza Van Horn
Executive Assistant
NSBMT

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

Jian Fei Zeng
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. Zeng:

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=dnM4SzllanJLN3crVm40c003ckOwQT09>

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 35