

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Probation Review/Termination

MEETING DATE: January 18, 2023

APPLICANT: Shawna M. McMillan

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. McMillan's probation termination application is before you today for review. In September of 2018, Ms. McMillan was granted a probationary license with a six-year probation term. Ms. McMillan has maintained a satisfactory probation over the four (4) years since her approval. Ms. McMillan is requesting early termination of probation based on completion of sentencing requirements and granted an un-restricted massage license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

Approved

Denied

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: nvmessagebd@lmt.nv.gov
Website: http://massagetherapy.nv.gov

TERMINATION OF PROBATION

Please type or print legibly all portions of this application for termination of probation. Please complete this document in its entirety and return the original to the Nevada State Board of Massage Therapists at the address shown above. Use N/A for items not applicable. Incomplete applications will not be processed.

Form with fields for Applicant Name (Last: McMillan, First: Shawna, Middle Initial: M), previous names (Dalal, Cardella, Vernon), residence addresses, business name, and contact information. Includes handwritten entries like 'Same' and 'Female'.

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

Screening questions section with a 'No' checkbox checked, a question about disciplinary proceedings, and a 'RECEIVED' stamp dated NOV 10 2022.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. Have you ever been arrested or convicted, within the 10 years immediately preceding submission of this application, of a felony or for any crime involving violence, prostitution or any other sexual offense?</p> <p>If yes, complete the following:          Date of Charge/offense: <u>2011 Honorable Discharge DUI</u>          Name and Address of Law Enforcement Agency: _____          Charge: _____          Disposition: _____</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>3. Do you currently use any chemical substances that would in any impair or limit your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ol style="list-style-type: none"> <li>A letter of explanation that addresses the impairment or limitations of practice</li> <li>A letter of reference from you current/last employer</li> <li>A copy of your last employment evaluation</li> <li>If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</li> </ol>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  AA + Counseling	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p>If yes, you must submit:</p> <ol style="list-style-type: none"> <li>A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities</li> <li>Documentation from knowledgeable individual(s) documenting your length of sobriety</li> <li>Documentation of inpatient or outpatient chemical dependency treatment.</li> </ol>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ol style="list-style-type: none"> <li>A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of massage safely</li> <li>Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out massage duties reliably and with good judgment.</li> </ol>

*Previously  
Already  
discussed!*





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**Affidavit of Applicant / Authorization of Release**

I, Shawna McMillan, 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 authorize all institutions or organizations, including educational institutions and organizations, my references, 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 Therapists any information, files or records required by the Nevada State Board of Massage Therapists in connection with processing this application for termination of Probation.

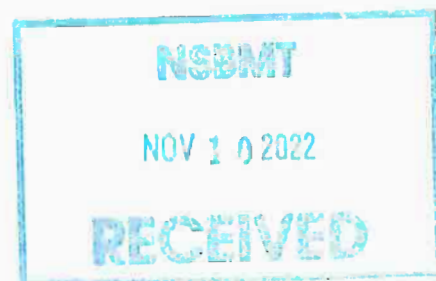
I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Nevada.

Signature of Applicant: Shawna McMillan Date: 10-3-2022

State of Nevada  
County of Carson City

Signed and sworn to before me this 07<sup>th</sup> day of November 2022 by \*Shawna Marie McMillan\*, who personally appeared before me.

[Signature]  
Notary Public Signature  
January 29, 2023  
Notary commission expiration date



Steve Sisolak  
Governor



Nevada Department of  
**Public Safety**  
DEDICATION PRIDE SERVICE

George Togliatti  
Director

**Parole and Probation**  
**Northern Command**

1445 Old Hot Springs Road  
Carson City, NV 89706  
Telephone (775) 501-4337 / Fax (775) 684-8157

DATE: November 11, 2022

TO: All Law Enforcement

FROM: Officer E. Schinzing

SUBJECT: McMillan, Shawna

NDOP Back# 092109

To whom it may concern, Ms. McMillan has been released from parole and was a model parolee. She is no longer under the terms and conditions of parole. The terms of her parole have been completed.

Per SB236, she was given an early discharge from parole.

Officer E. Schinzing  
Nevada Parole and Probation  
Carson City, NV



Code 3701



Date Report Prepared: September 28, 2022

NAME: McMillan, Shawna

SUPERVISION GRANT: September 24, 2020

FILE #: L21-0073

CC #: 17 CR 00212 1B

CURRENT EXPIRATION: January 26, 2023

ADDRESS: Stable:  Unstable:

REPORTING: Compliant:  Non-compliant:  Last Reported: September 14, 2022

**EMPLOYMENT/PROGRAM:**

Employer: Self Employed

COUNSELING: Eagle Medical Center, Josee A. Perrine, MFT

Date Completed: Currently in counseling

POSITIVE TESTS: None

**FINANCIAL:**

Supervision Fees: \$30 Balance Due: \$0

**COMMENTS:**

Ms. McMillan is compliant in her parole and has shown herself to be a model parolee. She has had no violations and is currently considered a low-risk in her supervision.

**RECOMMENDATION:**

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person.

RESPECTFULLY SUBMITTED:

*ES # 5672*

Officer E. Schinzing  
State Police  
Division of Parole and Probation  
Northern Command, Carson City, Nevada



**Sierra Counseling & Neurotherapy**  
**844 West Nye Lane, Ste. 201**  
**Carson City, NV 89703**  
**(775) 885-7717 FAX (775) 283-0231**

October 3, 2022

Honorable Judge John P. Schlegelmilch  
911 Harvey Way  
Yerington, NV 89447

Your Honor:

Shawna McMillan requested I write you in regard to her counseling with me. Ms. McMillan has been engaged in counseling since 2016, prior to her incarceration, and following her release in 2019. Ms. McMillan is dedicated to her sobriety and has made substantial progress—continuing her education, developing her own business, and purchasing a home. Shawna has demonstrated healthy decision-making as evidenced by ending a relationship that was detrimental to her growth and development as an individual. She has demonstrated solid parenting skills, implementing rules and boundaries for her son. It is evident her son is her primary family focus. Overall, Shawna is proving she is responsible and she should be proud of her accomplishments. Please contact me if you need further information.

Respectfully,



Josée Perrine, M.A., MFT, LCADC  
Marriage and Family Therapist  
Licensed Clinical Alcohol and Drug Counselor  
Board Certified-TeleMentalHealth



30 September 2022

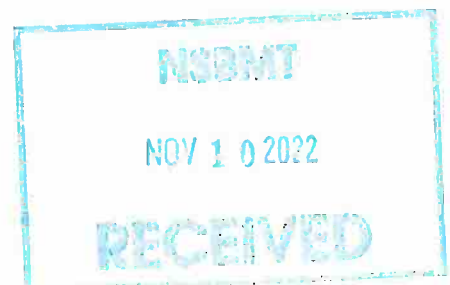
To whom it may concern:

I have known Shawna for over a year. I see or talk with her every couple weeks, and she frequently mentions two things: That it has been more than five years since she has had a drink (alcohol), and how well her son is doing and how proud she is of him. Early on, she mentioned that she would like to regain custody, but at the same time, she did not want to disrupt his life if it would have a negative impact on him. She was content to visit him frequently, and sacrifice her happiness for his well being. I think the desire to make a better life for herself fueled the drive to not only make her massage therapy business successful, but to grow even further and become a Pilates instructor as well, which she hopes to complete in November. She has a passion to help others, and I think she will be even more successful in that endeavor moving forward.

Sincerely,



James Hoeff







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Therapy**

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December 15, 2022

Shawna M. McMillan

Re: Notice of meeting of the Nevada State Board of Massage Therapists to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. McMillan;

In connection with your Request for Termination of Probation, the Nevada State Board of Massage Therapy may consider your character, alleged misconduct, competence or physical or mental health at its meeting on January 18, 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/85832292435?pwd=WDJhN1F6ZzF4WWYwZjFrZU9ZRitmUT09>

Meeting ID: 858 3229 2435

Password: 091855

Dial by your location

+1 253 215 8782 US (Tacoma)o

+1 346 248 7799 US (Houston)o

+1 669 900 6833 US (San Jose)o

+1 301 715 8592 US (Washington DC)o

+1 312 626 6799 US (Chicago)o

+1 929 205 6099 US (New York)o

Meeting ID: 821 7385 3899o

Passcode: 788395

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

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

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

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

Sincerely,



Sandra J. Anderson  
Executive Director

9489 0090 0027 6461 1328 67

BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPY

In the Matter of:

Shawna McMillan,  
Licensed Massage Therapist  
License No. LVMT. 9561

**ORDER FOR PROBATION**

IT APPEARING on September 5, 2018, Shawna McMillan ("Mc Millan") appeared before the Nevada Board of Massage Therapy ("Board") for a review of her application for a license as a massage therapist.

The Board reviewed McMillan's application and after discussion hereby renders its Order as follows:

**ORDER**

IT IS HEREBY ORDERED:

1. McMillan shall be issued a license as a massage therapist.
2. McMillan's license shall be immediately placed on probation for a period of six years beginning from the date her license is issued subject to the following terms:
  - a. McMillan will attend probation orientation with the understanding that McMillan will be incarcerated in the near future.
  - b. McMillan will work with the Executive Director during the term of her probation and provide all reports that are submitted to the State of Nevada Division of Parole and Probation to the Executive Director within 10 days of the report being submitted to the Division.
  - c. McMillan must report all contact with law enforcement within 48 hours of the contact.
  - d. If McMillan is arrested or in violation of probation within the six-year probationary period, McMillan shall appear before the Board for review.
  - e. McMillan is responsible for all administrative fees incurred by the Board as a result of her probation compliance.

**NSBMT**  
**SEP 19 2018**  
**RECEIVED**


- 1 3. If the Board determines, after notice, that McMillan has violated any of the terms and  
2 conditions of this Order, the Board may revoke probation for McMillan and carry out any  
3 appropriate disciplinary action pursuant to NRS 640C.700. The Board shall have  
4 continuing jurisdiction over any complaint filed against McMillan to revoke probation  
5 until such matter is final.
- 6 4. This order shall not be construed as excluding or reducing any criminal or civil penalties  
7 or sanction or other remedies that may be applicable under federal, state or local laws.
- 8 5. McMillan's license shall be marked "Restricted" throughout the probationary period.
- 9 6. McMillan shall meet with the Board or its representatives upon request and shall  
10 cooperate with representatives of the Board in her supervision and investigation of  
11 McMillan's compliance with the terms and conditions of this Order.
- 12 7. This Order will become part of McMillan's permanent record, will become public  
13 information, will be published with the list of disciplinary actions the Board has taken,  
14 and may be reported to any national repository which records disciplinary action taken  
15 against licensees or holders of certificates or any agency or another state, which regulates  
16 the practice of massage therapy. The Board may use the Order in any subsequent hearings.
- 17 8. McMillan acknowledges that if she violates one or more of the terms of this Order, the  
18 Board may revoke or invoke other appropriate discipline against her license to practice  
19 massage therapy; subject only to the requirement that the Board shall, prior to such  
20 disciplinary action, conduct a hearing in accordance with Chapters 233B, 622A, and 640C  
21 of the Nevada Revised States for the limited purpose of establishing that there has, in fact,  
22 been a violation of the requirements of this Order. In the event that a violation of this  
23 Order is alleged, McMillan agrees to surrender her license to the Executive Director, if so  
24 requested, and refrain from practicing as a massage therapist until an entry of a final order  
25 of the Board or a court of competent jurisdiction, whichever last occurs, regarding the  
26 potential violation. McMillan agrees to waive her right to appeal the substantive legal  
27 basis of the disciplinary action. In the event an alleged violation of this Order is taken to  
28 hearing and the facts which constitute the violation are determined to be not proven, no  
disciplinary action shall be taken by the Board.

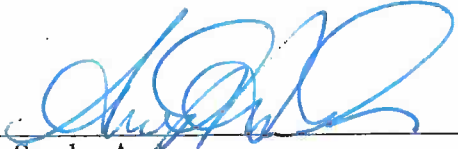


1 9. In the event other misconduct is reported to the Board, this Order may be used as evidence  
2 against the McMillan to establish a pattern of behavior and for the purpose of proving  
3 additional acts of misconduct.

4 10. Nevada State Board of Massage Therapy retains jurisdiction in this case until all  
5 conditions have been met to the satisfaction of the Board.

6 **NEVADA STATE BOARD OF MASSAGE THERAPY**

7   
8 April Whiting, LMT  
9 Board Chair  
10 9/17/18

11   
12 Sandra Anderson  
13 Executive Director  
14 September 10, 2018

15 Date

16 Date





**Nevada State Board of Massage Therapy**

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

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

I, Shauna McMillan have attended Orientation on

9/12/2018

\_\_\_\_\_ informing me of my responsibilities with the Terms and Conditions of my Agreement/Order with the Nevada State Board of Massage Therapy. I understand that I am accountable for the full compliance of this agreement.

Shauna McMillan

Name

Luz Maldonado

Name of Witness

9/12/18

Date

9/12/2018

Date

[REDACTED]

■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

c. Review Application of Shawna M. McMillan. (For Discussion and Possible Action)

Sandra Anderson, Executive Director – Ms. McMillan’s application is before you today due to potential criminal history that could not be approved administratively. Ms. McMillan is requesting to be granted a license under NRS 640C.400 or 420 and is before you today for review under NRS 640C.700.

Shawna M. McMillan was present.

Margaret Westcamp motioned to deny application. Motion fails due to lack of a second.

Deirdre Strunk motioned to approve a six year probationary license. Board will receive monthly updates from the Probation and Parole Board, Ms. McMillan will report all contact with law enforcement within 48 hour of contact, and attend a probation orientation, for any arrest Ms. McMillan will be brought before the Board, seconded by Teresa Lopez. Motion carried unanimously.

■ [REDACTED]

[REDACTED]

[REDACTED]