

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: March 22, 2023

APPLICANT: Antoinette M. Parker
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Parker's massage application is before you today for review that could not be approved administratively.

[REDACTED] Ms. Parker is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

- Approved
- Probation – NRS 640C.700(3)
- Denied – NRS 640C.700(3)
- Tabled

PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

Requirements for Respondent:

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.



Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application
Application Number: 01220819110662

Fee: \$30.00

APPLICATION INSTRUCTIONS

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

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

Section 1 : Personal Information

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

Application Types Massage Therapist Structural Integration Reflexology

Applicant Name

Last Name : PARKER
First Name : ANTOINETTE
Middle Name : M.



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

No record found.

Mailing address :

Street :
City : State : Zip :

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

Street :
City : State : Zip :

Social Security Number : Date of Birth :
Place of Birth : Colorado Gender : Male Female

Home/Cell Phone :

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

Home Mailing Business

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

notifications)

Yes No

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

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

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

Section 3 : Previous Licensure Information

Previous Licensure :

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

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
NM	MT4572	2004	10/31/2012

Section 4 : Training and Education

Training :

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

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Universal therapeutic massage institute	Albuquerque	2002 - 2003	1200

Transcript(s)

Document Name	User Defined Document Name	Document Link
220819110662-190864Transcript.pdf	UNIVERSAL THERAPEUTIC MASSAGE INSTITUTE-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCBTMB	Albuquerque new mexico	03/08/2004

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
220819110662-190865-ScoreReportCard.pdf	NCTMB	Pass

Section 6 : Application Screening Questions

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

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

Yes No

If yes, add the disciplinary actions below.

No record found.

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

Yes No

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

Yes No

If Yes, please explain in below textbox :

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

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

Yes No

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

No record found.

Fingerprint Background Waiver

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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

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

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct

the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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

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

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

Last Name : PARKER

First Name : ANTOINETTE

Middle Name : MONIQUE

Street :

City :

State :

Zip :

Date : 10/25/2022

Submitting Agency : Nevada State Board of Massage Therapy

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

VETERAN

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

Have you ever served in the military: Yes No

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

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

Military Occupation Specialty/Specialties:

Date(s) of Service: From To

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

Affidavit of Applicant / Authorization of Release

I, **ANTOINETTE PARKER** certify that I am the person described and identified in this application; I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate. I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for

any crime involving violence, prostitution or any other sexual offense.

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

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

Name : Antoinette Parker

Date : 10/25/2022

Upload

Have you uploaded a current passport quality photo?

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

Yes No

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

Yes No

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

Yes No

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

Document Type	Document Name	User	Defined Document Name
Photo	5732.198986 PARKER, ANTOINETTE.jpg		
Certificate of Completion	01220819110662-198833-Certificate-of-Completion.pdf	UNIVERSAL THERAPEUTIC MASSAGE INSTITUTE-	DIPL
Certified Statement	220819110662-190870_Certified_Statement.pdf	NM VERIF	
Score Report Card	220819110662-190865-ScoreReportCard.pdf	NCTMB	
Transcript	220819110662-190864-Transcript.pdf	UNIVERSAL THERAPEUTIC MASSAGE INSTITUTE-	TRANSCP
Social Security Card	01220819104061-190201-Social-Security-Card.jpeg		
Government Issued ID Card	01220819104061-190200-Government-Issued-ID-Card.jpg		

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:

**Universal Therapeutic
Massage Institute**

Transcript (Page 1)
3410 Aztec Rd. NE
Albuquerque, NM 87107
(505) 888-0020

Name: Antoinette Parker
Soc Sec
Address:
City, State
HPhone
Hours Transferred
Hrs Transferred From

Program: Massage Therapy
Entrance Date: 5/20/2002 LDA: 7/14/2003
ReEnter Date: LDA:
ReEnter Date: LDA:
Hours Attempted: 6700
Hours Completed: 6700
Cumulative GPA: 85.4

Status: Graduate

Explanation of Abbreviations: I-Incomplete, P-In Progress, W-Withdrawn, P-Pass

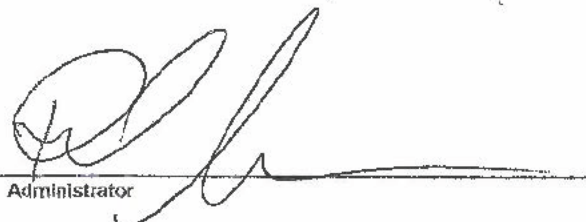
Explanation of Grading System: A = 90-100%, B = 80-89%, C = 70-79%, D = 60-69%, E below 60% L-F

Massage Program is reported in clock hours

Dept	Hrs Av	Course Title	Hours	Grade
MASS	100	Basic Massage including Contraindications.	100	84.00
TP	28	Trigger Point	28	86.00
MYO	20	Myofascial 1	20	90.00
HYD	20	Hydrotherapy	20	83.00
SPTS	32	Sports	32	74.00
CM	28	Chinese Med	28	91.00
SHT	24	Shatsu	24	80.00
CS	20	Craniosacral	20	80.00
MYO	20	Myofascial 2	20	90.00
A&P	152	Anatomy/Physiology Kinesiology/Pathology	152	80.00
BE	40	Business/Ethics	40	85.00
RF	18	Reflexology	18	76.00
BAP	12	Bac/Ayurveda/Polarity	12	100.00
CPR	8	CPR/First Aid	8	100.00
INT	150	Internship	150	80.00
	670		6700	Cumulative GPA 85.4

When this transcript is signed by the school administrator, it is certified that the student has completed the Program approved by the New Mexico Board of Massage Therapy

SCHOOL


Administrator

6-17-11

Unofficial without School Seal

NSBMT
JUN 20 2011 (S)
Received

Universal Therapeutic Massage Institute Inc.

Albuquerque, New Mexico
Awards this Diploma to

Antoinette M. Parker

for completion of 670 hours of education and training in

Massage Therapy

as required by the

NEW MEXICO BOARD OF MASSAGE THERAPY

This 14th Day of July 2003

Thomas E. Delajer
Administrator

NSBMT
JUN 03 2011
Received

Gary C. Harwell
School Director

*National Certification Board for
Therapeutic Massage and Bodywork*

Let It Be Known That

Antoinette M. Parker

*has demonstrated the fundamental knowledge required for competency in
this profession and is hereby awarded the designation*

Nationally Certified in Therapeutic Massage and Bodywork

Grant Adair

Chair

Judith Nease

Chair-Elect



396040-00

National Certification Number

2004

Certified Since

March, 31 2008

Expiration Date

**NSBMT
JUN 08 2011**



NMRLD
 NEW MEXICO
 REGULATION &
 LICENSING DEPARTMENT

NSBMT
 AUG 17 2022
RECEIVED

STATE OF NEW MEXICO
MICHELLE LUJAN GRISHAM, GOVERNOR
 Linda M. Trujillo, Superintendent
 Joseph Dworak, Director

**LICENSURE or REGISTRATION
 VERIFICATION**

The records of the New Mexico Massage Therapy Board indicate that a license/registration has been issued as follows:

<input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Registrant Name	Antoinette M. Parker
<input checked="" type="checkbox"/> License <input type="checkbox"/> Registration Number	MT4572
<input checked="" type="checkbox"/> License <input type="checkbox"/> Registration Category	Licensed Massage Therapist
First Issue Date	02/13/2004
Expiration Date	10/31/2012
Disciplinary Action	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Status	Expired

Signed: Lynn Fisher Digitally signed by Lynn Fisher
 Date: 2022.08.17 08:00:58
 -04'00'

Title: Licensing Staff

Date: 8/17/2022



Boards and Commissions Division | Massage Therapy Board
 P.O. Box 25101 | Santa Fe, NM 87504
 (505) 476-4622 | rld.nm.gov





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

November 22, 2022

Antoinette M. Parker

Re: DISPOSITION OF RECORD

Dear Ms. Parker

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incidents(s) and the outcome of the incident(s). **Online printout cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printout cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **04/30/2023**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at nvmassagebd@lmt.nv.gov.

Sincerely,

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

Tereza Van Horn
Executive Assistant
Enclosed

COPY

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



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

December 2, 2022

Antoinette M. Parker

Re: DISPOSITION OF RECORD

Dear Ms. Parker,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incidents(s) and the outcome of the incident(s). **Online printout cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printout cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **04/30/2023**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at nvmassagebd@lmt.nv.gov.

Sincerely,


Tereza Van Horn
Executive Assistant
Enclosed

COPY

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



Nevada State Board of Massage Therapy

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Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmessagebd@lmt.nv.gov

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

February 21, 2023

Antoinette M. Parker

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. Parker:

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 March 22, 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/85370113332?pwd=UnVlbFcvUWgxTElZYzJVbldjOktMrZz09>

Meeting ID: 853 7011 3332

Password: 244142

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)


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

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

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

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

Sincerely,



Sandra J. Anderson
Executive Director

9489 0090 0027 6447 8866 54