



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

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

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

**COMPLIANCE REPORT**

July 8, 2024

Jessi Rose McMaster  
1031 Whitney Ranch Dr.  
Henderson, NV 89014

Re: Citation # 22139

Dear Ms. McMaster:

It has been brought to our attention that you have been advertising massage. A review of our licensing database revealed that you do not have a license to practice massage in the state of Nevada. It is unlawful to advertise massage in the state of Nevada without proper licensure. Therefore, enclosed you will find a citation for advertising massage without a massage license.

You may comply with the citation in one of the following three ways:

1. You may remit a copy of the citation and a cashier's check or money order in the amount of the fine stated on the citation to our address listed above.
2. You may submit a written request to the Board for approval of a fine payment schedule.
3. You may appeal the issuance of the citation by submitting a written request to the Board at the address listed above.

If you have any questions, I can be reached at (702) 575-7308.

Respectfully,

Compliance Inspector  
Nevada State Board of Massage Therapists



**Administrative Citation**  
 Nevada State Board of Massage Therapy  
 1755 E. Plumb Lane, Suite 252, Reno, NV 89502  
 P: (775) 687-9955 E: nvmessagebd@lmt.nv.gov  
 Website: http://massagetherapy.nv.gov

**CIT # 22139**

Citation Date: 7-8-2024  
 Incident Date: 7-8-2024  
 NVMT#: N/A

Name: Jessi Rose McMaster DL/ID: \_\_\_\_\_ St: \_\_\_\_\_  
 Home Address: 1031 Whitney Ranch Dr  
 City: Henderson, St: NV Zip: 89014  
 Business Name: Altruist Mixed MARTIAL ARTS  
 Business Address: 1031 Whitney Ranch Dr Henderson, NV 89014

THE UNDERSIGNED NEVADA STATE BOARD OF MASSAGE THERAPY REPRESENTATIVE HEREBY DECLARES UNDER PENALTY OF PERJURY THAT THE ABOVE-NAMED PARTY DID ENGAGE IN THE FOLLOWING ACTIVITY, TO WIT:

Violation - NAC/NRS Code	First	Second	Third	Total
<b>LICENSEE/ESTABLISHMENT</b>				
NRS 640C.910(2)(a): Practicing with an expired license	\$200	\$500	\$1000	
NRS 640C.450/ NAC 640C.333: Failure to display license	\$200	\$500	\$1000	
NRS 640C.930(2): Using advertisements which contain knowingly false or deceptive statements	\$500	\$1500	\$2500	
NRS 640C.920: Altering a license	\$1000	\$3000	\$5000	
NAC 640C.350: Advertising without a license number	\$100	\$250	\$500	
NAC 640C.200-320: Failure to comply with sanitation	\$200	\$500	\$1000	
NAC 640C.085: Failure to notify the Board - change of address	\$100	\$200	\$500	
NAC 640C.340: Failing to drape a client as required	\$200	\$500	\$1000	
NAC 640C.345: A reflexologist shall not perform reflexology on a client unless the client is fully clothed	\$200	\$500	\$1000	
NAC 640C.083: Operating an establishment without certificate	\$1000	\$2500	\$5000	
	\$1000	\$2000	\$5000	
<b>ANY PERSON</b>				
NRS 640C.910 (1)(a): Practicing massage therapy, reflexology or structural integration without a license	\$1000	\$2500	\$5000	
NRS 640C.920(1)(a)(b): Copying or altering a license or certificate for the purposes of fraud, deception, misrepresentation or other illegal purpose	\$1000	\$3000	\$5000	
NRS 640C.920 (2): Using a copied or altered license	\$1000	\$2000	\$5000	
NRS 640C.910(1)(b)(c): Offering to perform massage therapy, reflexology or structural integration without a license	\$1000	\$2000	\$5000	
NRS 640C.910 (1) (b) and/or (c): Advertising	\$1000	\$2500	\$5000	1000 <sup>00</sup>

The Nevada State Board of Massage Therapy hereby issues this citation to the above-named party for the described violation(s), fine and administrative fee. Fine(s) 1000 + Fee 150 = \$ 1,150<sup>00</sup> total amount due and payable within 15 business days (640C.755(2)(a))

**MAILED**

Signature and Date \_\_\_\_\_

Print Name \_\_\_\_\_

[Signature] 7-8-2024

NSBMT Representative and Date \_\_\_\_\_

Ryan Huffman

Print Name \_\_\_\_\_

7008 2810 0001 4139 8114

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**

7008 2810 0001 4139 8114  
 7008 2810 0001 4139 8114

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

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Sent To \_\_\_\_\_  
 Street Apt. No. \_\_\_\_\_  
 or PO Box No. \_\_\_\_\_  
 City, State, Zip+4 \_\_\_\_\_

PS Form 3800, August 2006 See Reverse for Instructions

