

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education or Administrative)

MEETING DATE: May 29, 2024

APPLICANT: Chien Yu Chen
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Chen's massage application is before you today for review that could not be approved administratively. Ms. Chen 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
- Denied
- Tabled

PROBATION CONDITIONS: Per NRS 640C.710(1) (a) and NAC 640C.075(2):

<input type="checkbox"/> a. Report to the board 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. Notify the board of any changes in his or her employment.
<input type="checkbox"/> e. Complete an ethics course of within 90 calendar days after the issuance of the license.	<input type="checkbox"/> f. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> g. Attend a probation orientation -	<input type="checkbox"/> h. Take any other action that the Board deems appropriate. -
<input type="checkbox"/> i. Take any combination of the actions set forth in paragraphs (a) to (h), inclusive -	

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
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	



Nevada State Board of Massage Therapy

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

Application: License Application
Application Number: OL221123111460

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, NCETM, NCETMB, 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 Type : Message Therapist Structural Integration Reflexology

Applicant Name

Last Name : CHEN

First Name : CHIEN YU

Middle Name :



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

No record found.

Mailing address :

Street : 4517 GARDEN PL

City : LAS VEGAS

State : NV

Zip : 89107

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

Street : 4517 GARDEN PL

City : LAS VEGAS

State : NV

Zip : 89107

Social Security Number :

Date of Birth :

Place of Birth : Taiwan

Gender : Male Female

Home/Cell Phone : (725) 238-5888

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
AZ	#MT-20824	2015	11/12/2023
CA	6936	2010	06/25/2023

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
Royal Irvin College	Monterey Park	2009 - 2010	1000
FUZUBA	Las Vegas	2014 - 2014	500

Transcript(s)

Document Name	User Defined Document Name	Document Link
OL221123111460-224815-Transcript.pdf	FUZUBA-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEX	Los Angeles	12/11/2009
NCETMB	Los Angeles	10/28/2014

National Exam Status : Date Received : Score Report Received

Document Name	User Defined Document Name	Document Status
OL221123111460-224817-ScoreReportCard.pdf	NCETMB	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

Empty text box for litigation details.

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 :

Empty text box for sex offender registration explanation.

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:

Date of Charge	Law Enforcement Agency Detail	Charge	Disposition
08/30/2018	LVMPD		

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 : CHEN

First Name : CHIEN YU

Middle Name :

Street : 4517 Garden Pl

City : Las Vegas

State : NV

Zip : 89107-4160

Date : 1/12/2023

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 Speciality/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.

I, **CHIEN YU CHEN** 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 : chien yu chen

Date : 2/13/2023

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
Score Report Card	OL221123111460-224817-ScoreReportCard.pdf	NCETMB
Certificate of Completion	OL221123111460-224816-Certificate-of-Completion.pdf	FUZUBA-DIPL
Transcript	OL221123111460-224815-Transcript.pdf	FUZUBA-TRANSCP
Score Report Card	OL221123111460-219845-ScoreReportCard.jpg	MBLEX
Certified Statement	OL221123111460-215978-Certified-Statement.pdf	AZ VERIF
Current Massage License	221123111460-211303-Current-Massage-License.jpg	
Photo	221123111460-Photo Chien.jpg	
Certified Statement	221123111460-201670-Certified-Statement.pdf	CA VERIF
Current Massage License	OL221123103658-200804-Current-Massage-License.jpg	
Social Security Card	OL221123103658-200803-Social-Security-Card.jpg	
Government Issued ID Card	OL221123103658-200802-Government-Issued-ID-Card.jpg	

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:



OFFICIAL TRANSCRIPT

Professional Practice of Massage (500-Hour Course)

STUDENT NAME: Chien Yu Chen GENDER: Female
 DATE OF BIRTH: _____ ID: F1258971
 START DATE: 04/29/2014 COMPLETION DATE: 07/25 /2014

<u>UNIT</u>	<u>SUBJECT</u>	<u>HOURS</u>	<u>GRADE</u>
A.	<u>Human Anatomy, Physiology and Kinesiology</u> - Anatomy 50 Hours - Physiology 35 Hours - Kinesiology 40 Hours	125 Hours	B-
B.	<u>Theory and Practice of Massage</u> - includes Swedish/Western Massage history, theory and methods (125 hours); client assessment (25 hours); clinical and relaxation massage methods (50 hours); and hands-on practice (50 hours)	250 Hours	C
C.	<u>Pathology for Massage Therapists</u> - includes cautions, contraindications and endangerment sites (20 hours); as well as massage (20 hours) and hydrotherapy (20 hours) protocols specific to commonly seen disorders, injuries and client needs	60 Hours	B-
D.	<u>Standards of Professional Practice</u> - includes health and hygiene (20 hours), legal issues, ethics, taxation, standard business practices, new client intake, charting and referral to professionals in other disciplines (45 hours)	65 Hours	B

TOTAL HOURS: 500

FINAL GRADE: B-

NSBMT

AUG 18 2014

Received



Qian Yang, CMT, Director

Date: 07-25-14



Certificate of Graduation

I hereby certify that Chien Yu Chen, having successfully completed the 500 hour course in Professional Practice of Therapeutic Massage, is hereby awarded the Certificate of Graduation this 25th day of July 2014 with all the rights and responsibilities thereto attached.

NSBMT
AUG 11 2014
Received



Yang, Qian
Director



FSMTB
FEDERATION OF STATE
MASSAGE THERAPY BOARDS

MBLEx Results: 3/30/2023

NSBMT
MAR 31 2023
RECEIVED

MBLEx Result Jurisdictional Report

State: NV

For results marked by  in the alert column, please contact FSMTB for additional information.

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Alert</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
CHEN	CHIEN-YU			12/11/2009	Pass			English	Royal Irvin College

Official NCBTMB Score Report



Chien Chen

1716 Pinion Mesa Ct
Las Vegas, NV 89128
UNITED STATES

DOB:



Exam Name: NCETMB

Exam Date: 10/28/2014

Exam Result: PASS

Candidate ID: 796211

Please accept this as the Official Score Report for the candidate listed above for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

If you have any questions, please contact scores@ncbtmb.org or call 800-296-0664.



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@state.nv.us

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



Certified Statement from State Licensing Authority

TO BE COMPLETED BY LICENSING AUTHORITY ONLY

(Transferring from another Jurisdiction)

Dear Sirs,

The applicant listed herein has applied to the Nevada State Board of Massage Therapy for a license for Massage Therapy. In order to complete this application, we request that you complete the following and mail to the Nevada State Board of Massage Therapy at the address listed above. Your assistance in this matter is greatly appreciated.

Sandra Anderson, Executive Director,
Nevada State Board of Massage Therapy

Applicant Name: Chien Yu Chen License Number: CA Cert # 6936

To be completed by the State Licensing authority in the State(s) where you are currently or have been licensed:

License Information

Name:	<u>Chien Yu Chen</u>
Date of Birth:	<u></u>
Type of License:	<u>Certified Massage Therapist</u>
License Number:	<u>6936</u>
How Issued:	<u>Certified based on completing 500 hours</u>
Original Licensure Date:	<u>3/12/2010</u>
Expiration Date:	<u>6/25/2023</u>
Status:	<u>Active</u>

This certified statement issued by the licensing authority in each state/territory or possession of the United States or the District of Columbia in which the applicant is or has been licensed to practice massage therapy during the immediately preceding 10 years verifying that:

The applicant has/ has not been involved in any disciplinary action relating to their license; and disciplinary proceedings relating to this license to practice massage therapy are/ are not pending.

Case Number: _____ Jurisdiction: _____

Date: _____

Name of licensing agency/jurisdiction: California Massage Therapy Council

Address: One Capitol Mall Suite 800 State, Zip: Sacramento, CA 95814

Signature: Charlette L Stewart Date: 11/16/2022

Title: Customer Service Representative

Print agent's name: Charlette L. Stewart (Official Stamp)



Monday, November 07, 2022

This is to verify the certification of a massage professional in the State of California.

Certificant Name: Chien Yu Chen
Certificate Type: Certified Massage Therapist
Certificate #: 6936
Effective Date: 6/25/2021
Expiration Date: 6/25/2023
Method of Certification: Portal F (500 hours)

This individual is certified and is in good standing with the California Massage Therapy Council. To date this certificant has had no disciplinary actions with the council.

Do not hesitate to contact us if you have any questions about this individual's certification status.

Thank you,

Charlette L. Stewart

Charlette L. Stewart
Customer Service Representative

California Massage Therapy Council, One Capitol Mall, Suite 800, Sacramento, CA

ARIZONA STATE BOARD OF MASSAGE THERAPY

Verification for licensure

www.massageboard.az.gov 602-542-8604 fax 602-542-8804

3/3/2023

Nevada
1755 E. Plumb Lane Suite 252
Reno, NV 89502



The Arizona State Board of Massage Therapy hereby certifies that a standard search of records of this office indicates the following:

Licensee Name	Chien Yu Chen		
License Number	MT-20824	DOB	_____
		SSN	_____
Licensee Status	<input checked="" type="checkbox"/> Active		<input type="checkbox"/> Expired
Date of Issue	01/02/2015		
Expiration Date	11/12/2023		
National Exam	_____		
Required Hours	700	effective 1-2008	Prior 500 hours
License issued based on:	Hours	_____	NCBTMB _____
	Grandfathered	_____	MBLEX _____
	Reciprocity	_____	

LICENSE IS IN GOOD STANDING. NO DISCIPLINARY ACTION.

To expedite the verification process, the above format is the standard format for information available through the Arizona State Board of Massage Therapy.

Arizona State Board of Massage Therapy
1400 West Washington #300
Phoenix, AZ 85007





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@imt.nv.gov

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

July 7, 2023

Chien Yu Chen
4517 Garden Pl.
Las Vegas, NV 89107

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. Chen:

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 August 8, 2023. Participants can join the meeting via Zoom or by appearing in person. 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/84402330839?pwd=Q3hwb2lxSkNGQlpgYmhlLV3N6dk1sQT09>

Meeting ID: 844 0233 0839

Password: 837512

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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.

COPY

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 1192 95

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@imt.nv.gov

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

October 5, 2023

Chien Yu Chen
4517 Garden Pl.
Las Vegas, NV 89107

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. Chen:

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 November 9, 2023. Participants can join the meeting via Zoom or by appearing in person. 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/83352344698?pwd=WTNBN3ZlVkcycEZBM0RCbmdyZThyUT09>

Meeting ID: 833 5234 4698

Password: 501453

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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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.

COPY

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

Sincerely,



Elisabeth Barnard
Executive Director

9489 0090 0027 6461 1194 93

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>

December 7, 2023

Chien Yu Chen
C/O Lin Law Group
5288 Spring Mountain Rd. Ste 103
Las Vegas, NV 89146

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. Chen:

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 January 10, 2024. Participants can join the meeting via Zoom or by appearing in person. 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/82619788467?pwd=VTnwUft9KPVIWlVgNkKFEEJHVYoa17.1>

Meeting ID: 826 1978 8467

Password: 942638

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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,



Elisabeth Barnard
Executive Director

9489 0090 0027 6454 7058 25

COPY



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Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

January 10, 2024

Chien Yu Chen
C/O Lin Law Group
5288 Spring Mountain Rd. Ste 103
Las Vegas, NV 89146

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. Chen:

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 January 30, 2024. Participants can join the meeting via Zoom or by appearing in person. 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/84878671765?pwd=1jDPyqwgwJ9u5wdb5lR7RikofUJue0.1>

Meeting ID: 848 7867 1765

Password: 494459

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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,

A handwritten signature in blue ink, appearing to read 'Elisabeth Barnard', written in a cursive style.

Elisabeth Barnard
Executive Director



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>

February 22, 2024

Chien Yu Chen
C/O Lin Law Group
5288 Spring Mountain Rd. Ste 103
Las Vegas, NV 89146

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. Chen:

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 20, 2024. Participants can join the meeting via Zoom or by appearing in person. 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/83570986231?pwd=zlv2aY3VR2oVwCdhbnsqZ74rimro5w.1>

Meeting ID: 835 7098 6231

Password: 201609

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

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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,



Elisabeth Barnard
Executive Director

9489 0090 0027 6449 4515 53

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>

April 26, 2024

Chien Yu Chen
C/O Lin Law Group
5288 Spring Mountain Rd. Ste 103
Las Vegas, NV 89146

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. Chen:

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 May 29, 2024. Participants can join the meeting via Zoom or by appearing in person. 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/87977848022?pwd=ulkP7fVzoGLlseafe8BE5ifuemi4D0.1>

Meeting ID: 879 7784 8022

Password: 873579

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)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

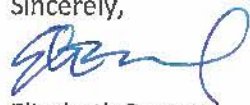
The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written 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,



Elisabeth Barnard
Executive Director

9489 0090 0027 6449 4518 98