# **NEVADA STATE BOARD OF MASSAGE THERAPY**

# **AGENDA ACTION SHEET**

TITLE: Application Review (Education or Adminis	trative)
MEETING DATE: August 14, 2024	
APPLICANT: Yaqin Zhang Villanueva REVIEW UNDER: NRS 640C.700	
BACKGROUND INFORMATION:  Ms. Villanueva's massage application is before approved administratively. Ms. Villanueva is request and is before you today for review under NRS 6400	sting to be granted a license under NRS 640C.580
ACTION:  Approved Probation Denied Tabled	
PROBATION CONDITIONS: Per NRS 640C.710(1 a. Report to the board all contact with law enforcement personnel within 48 hours after such contact occurs.	b. Refrain from providing outcall services.
c. Submit employment offers to the staff of the Board for review and approval.	d. Notify the board of any changes in his or her employment.
e. Complete an ethics course of within 90 calendar days after the issuance of the license.	f. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
g. Attend a probation orientation -	h. Take any other action that the Board deems appropriate
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)	
approved administratively. Ms. Villanueva is reques and is before you today for review under NRS 6400 ACTION:  Approved Probation Denied Tabled  PROBATION CONDITIONS: Per NRS 640C.710(1)  a. Report to the board all contact with law enforcement personnel within 48 hours after such contact occurs.  c. Submit employment offers to the staff of the Board for review and approval.  e. Complete an ethics course of within 90 calendar days after the issuance of the license.  g. Attend a probation orientation -  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.  Notify any change in address, phone number, establishment or employment to the Board office	All (a) and NAC 640C.075(2):    (a) and NAC 640C.075(2):   (b) Refrain from providing outcall services.    (c) d. Notify the board of any changes in his or her employment.   (c) f. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.   (c) h. Take any other action that the Board deems appropriate



# Nevada State Board of Massage Therapy

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

**Application:** License Application **Fee:** \$30.00

**Application Number:** OL240109102540

#### **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
- Yes No
- ırs?: 

   Yes No
- 2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? :

#### **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: 

Massage Therapist 

Structural Integration 

Reflexology

**Applicant Name** 

Last Name: VILLANUEVA
First Name: YAQIN ZHANG

Middle Name:



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

#### **Other Name**

YAQIN ZHANG





Mailing address:

**Street:** 3576 MERIDALE DR

City: LAS VEGAS State: NV Zip: 89147

Residence address (if different than the mailing address) : 

Same as mailing address

**Street:** 3576 MERIDALE DR

City: LAS VEGAS State: NV Zip: 89147

Social Security Number : Date of Birth :

Place of Birth: China Gender: Male Female

Home/Cell Phone: (702) 609-3880

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 I	nformation (Purs	uant to NRS 640C.430)		
Mark the appropriate respon	se (failure to mark	one of the three will result in d	enial of your applicatior	)):
am in compliance with the repayment of the  I am SUBJECT to a co	urt order for the sum a plan approved be amount pursuant the sum order for the sum of the amount purt of the amount p	upport of one or more children a by the district attorney or other to the order.  upport of one or more children a proved by the district attorney or	oublic agency enforcing	the order for
Previous Licensure :				
	ı which you have e	ver been licensed as a Massage	Therapists, Reflexology	or Structural
✓ Check here if you have r	never been licensed	d in any state jurisdiction.		
Licensure information is not requ	uired because you hav	re checked "Sign off from Local jurisdi	ction to follow".	
Section 4 : Training and Ed	lucation			
Training: Contact registrar of your sch Massage Therapy. Diploma may be provided by		st to have official transcripts mai	led directly to the Neva	da State Board of
Name of School	City/State	Years from and to	Hours Compl	eted
AMO SCHOOL NV	LAS VEGAS	2021 - 2022	650	
Transcript(s)				
Document Name		User Defined Document Nam	me	Document Link
OL240109102540-239278-Trans	cript.pdf	AMO SCHOOL-TRANSCP		Document Detail
Section 5 : National Exam				
Exam Taken	Whei	re Taken	Date Taken	
ITEC	LAS VE	EGAS NV	03/07/2022	
National Exam Status :	Pass			
Date Received :	02/27/2024	Score Repo	ort Received :	

Exam Taken	Where Taken	Date Taken
ITEC	LAS VEGAS NV	03/07/2022
National Exam Status :	Pass	
Date Received :	02/27/2024	Score Report Received : <a>✓</a>

Document Name	User Defined Document Name	Document Status
OL240109102540-239279- ScoreReportCard.pdf	ITEC	Pass

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
No
If Yes, please explain in below textbox:

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

- 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

be changed.

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
10/23/2013	Las Vegas Justice Court	Solicit/engage	Dismissed/requirement
		in prostitution	completed

#### **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.

- 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 you 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, detainments, 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: VILLANUEVA First Name: YAQIN

Middle Name: ZHANG

**Street:** 3576 Meridale Dr

City: LAS VEGAS State: NV Zip: 89147

**Date:** 2/21/2024

**Submitting Agency:** Nevada State Board of Massage **Address:** 1755 E. Plumb Ln. Suite 252,

Therapy 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
☐ Navy/Navy Reserve
Air Force/Air Force Reserve
<ul><li>Coast Guard/Coast Guard Reserve</li></ul>
<ul><li>National Guard</li></ul>
Military Occupation Speciality/Specialities:

Date(s) of Service: From To

As by Excutive 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, YAQIN ZHANG VILLANUEVA 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: Yaqin Zhang Villanueva Date: 2/21/2024

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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 Document	Defined Name
Score Report Card	OL240109102540-239279-ScoreReportCard.pdf	ITEC	
Transcript	OL240109102540-239278-Transcript.pdf	AMO SCHOOL-	TRANSCP
Certificate of Completion	OL240109102540-239277-Certificate-of-Completion.pdf	AMO SCHOOL-	DIPL
Photo	13916-238672-VILLANUEVA, YAQIN.jpg		
Social Security Card	OL240109101739-237046-Social-Security-Card.pdf		
Government Issued ID Card	OL240109101739-237045-Government-Issued-ID-Card.pdf		

### **Application Fees**

#### All fees are non-refundable.

Fee Detail(s	)
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#### Payment Detail(s)

Payment Method: Amount Paid:



# AMO School NV

4001 S DECATUR BLVD # 24, LAS VEGAS NV 89103
TEL: 702-280-7599 EMAIL: INFO@AMOSCHOOL.COM
HTTP://WWW.AMONV.COM

Name: Yaqin Villanueva

Student ID:AMP090721D07

CUM GPA: 2.0

Date of Birth: 04/29/1971

Start Date: 09/07/2021

Graduation Date: 05/06/2022

# Official Student Academic Transcript

285 Hours Theory		365 Hours Practicum	
SUBJECT HRS		SUBJECT	HRS
1. Health & Safety	10	1. Swedish	75
2. Contraindications	16	2. Tuina Massage	75
3. Special Population	19	3. Reflexology	15
4. Traditional Chinese Medicine	20	4. Trigger Point	15
5. Meridian	10	5. Neuro Muscular	15
6. Anatomy & Physiology	105	6. Sport Massage	30
7. Kinesiology	20	7. Myofascial Release	15
8. Pathology	40	8. Hydrotherapy	15
9. Professional Business	20	9. Lymphatic Drainage	15
10. Professional Ethics	25	10. Chair Massage	15
		11. Clinic	80
Theory GPA	$\mathbf{C}$	Practicum GPA	C

GPA: A 100-90%. B 89 - 80%. C 79 - 70%. D 69 - 65 F- Fail 64 - 0% T = Transfer

Instructor

Director

NSBMT

MAY 1 6 2022





NSBMT
MAY 1 6 2022 (S)
RECEIVED

This Certifies That

# Yaqin Villanueva

Has successfully completed the Program
Tuina Professional
Massage Therapist (650 Hours)



As Developed by this School

And having shown proficiency is hereby awarded this

# Diploma



fly/

10/11/2021 - 05/06/2022

ON THE SECOND AND ASSOCIATION OF THE SECOND ASSOCIATION OF THE SECOND

Date

Director

**Cert Number** 

152744/2132/166936/158373

Student

Yaqin Villanueva - E152744

Qual

Level 3 Diploma in Holistic Massage (603/4097/6) - 2132

**Grade** Pass Language Simplified Chinese Issued 24/02/2022

NSBMT

FEB 2 5 2022





## 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://massagetherapv.nv.gov

March 7, 2024

Yaqin Zhang Villanueva 3576 Meridale Dr. Las Vegas, NV 89147

Re: DISPOSITION OF RECORD

Dear Ms. Zhang Villanueva,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to receive the following documents in reference to your background.

- 1. A brief description or written narrative (in your own words) describing the incident(s), the circumstances that led up to the incidents(s) and the outcome of the incident(s) for each of the highlighted item(s).
- Dispositions from the court(s) for each case/charge where you appeared. Please include final court documents or court order(s) reflecting the final charge or final term(s) of the case. To obtain these documents please contact the court you attended or appeared at. Online printout cannot be accepted.
- 3. Receipts for all fines or penalties reflecting all items have been paid. To obtain these documents please contact the court you attended or appeared at. Online printout cannot be accepted.
- 4. Please provide all requested items within 60 days of receipt of this letter or inform the Board of when you anticipate having everything compiled.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on 07/31/2024. 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 <a href="mailto:nvmassagebd@lmt.nv.gov">nvmassagebd@lmt.nv.gov</a>.

Sincerely,

Tereza Man Horn Executive Assistant

Enclosed





## 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

July 30, 2024

Yaqin Zhang Villanueva 3576 Meridale Dr. Las Vegas, NV 89147

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. Villanueva:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence, physical or mental health at its meeting on August 14, 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/88576387430?pwd=bsbVDT1AXGsixo5lob5S2udMvhcIMV.1

Meeting ID: 885 7638 7430
Password: 246641
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.

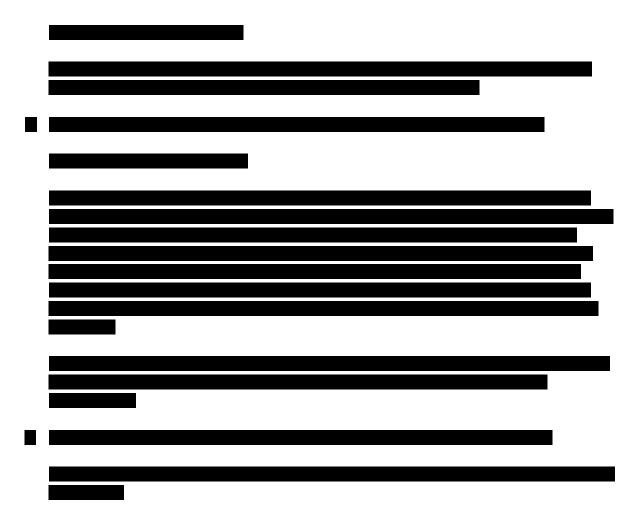
If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any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

If you require an interpreter, please notify us by August 7, 2024, so that one may be scheduled at no cost to you.

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

Sincerely,

Elisabeth Barnard Executive Director



d. Review Application Yaqin Zhang Villanueva. (For Discussion and Possible Action)

Yaqin Zhang Villanueva was not present.

Management Analyst VanHorn presented the application of Ms. Villanueva to the Board Ms. Villanueva's massage application is before you today for review that could not be approved administratively. Ms. Villanueva was arrested on October 23, 2013, for solicitating prostitution by Las Vegas Metropolitan Police Department (LVMPD) while working at Japanese Spa. The case was dismissed after the diversion requirements were met or completed on July 16, 2014. At the time of the arrest Ms. Villanueva was not licensed to practice massage. Ms. Villanueva failed to answer the application screening questions appropriately. Ms. Villanueva is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

Motioned by Lorna Benedict to deny the application of Yaqin Zhang Villanueva, seconded by Deirdre Strunk. Bianca Smith abstained. Motion carried with no opposition.