

**NEVADA STATE BOARD OF MASSAGE THERAPY**

**AGENDA ACTION SHEET**

**TITLE:** Application Review

**MEETING DATE:** January 8, 2025

**APPLICANT:** Daniel Holly

**REVIEW UNDER:** NRS 640C.700

**BACKGROUND INFORMATION:**

Mr. Holly's massage application is before you today for review that could not be approved administratively. Mr. Holly is requesting to be granted a license under NRS 640C.420 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:** OL240815071916

**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 :**  **Massage Therapist**  **Structural Integration**  **Reflexology**

### Applicant Name

**Last Name :** HOLLY  
**First Name :** DANIEL  
**Middle Name :** A.



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

No record found.

### Mailing address :

**Street :** 3702 CORPOLO AVE  
**City :** LAS VEGAS **State :** NV **Zip :** 89141

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

**Street :** 3702 CORPOLO AVE  
**City :** LAS VEGAS **State :** NV **Zip :** 89141

**Social Security Number :** \* **Date of Birth :**  
**Place of Birth :** Las Vegas **Gender :**  Male  Female

**Home/Cell Phone :** (702) 480-9392

**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 Therapists, Reflexology or Structural Integrationist.

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

Licensure information is not required because you have checked "Sign off from Local jurisdiction to follow".

**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
NEVADA CAREER INSTITUTE	LAS VEGAS	2005 - 2005	540

**Transcript(s)**

Document Name	User Defined Document Name	Document Link
240815071916-258325-Transcript.pdf	NV CAREER INSTITUTE-TRANSCP	<a href="#">Document Detail</a>

**Section 5 : National Exam**

Exam Taken	Where Taken	Date Taken
N CETMB	Las vegas	11/01/2012

National Exam Status : Date Received : Score Report Received : 

Document Name	User Defined Document Name	Document Status
240815071916-258326-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

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:

Date of Charge	Law Enforcement Agency Detail	Charge	Disposition
01/06/2018	Clark County District Attorney	Accusation of sexual assault	Case dropped

## 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 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, 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 :** HOLLY

**First Name :** DANIEL

**Middle Name :**

**Street :** 3702 Corpolo Ave.

**City :** Las Vegas

**State :** NV

**Zip :** 89141

**Date :** 11/14/2024

**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/Specialities:**

**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, **DANIEL HOLLY** 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 : Daniel holly

Date : 11/14/2024

### 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	6195-272121-HOLLY, DANIEL.jpeg		
Certificate of Completion	OL240815071916-268047-Certificate-of-Completion.pdf	NV CAREER INSTITUTE-	DIPL
Score Report Card	240815071916-258326-ScoreReportCard.pdf	NCETMB	
Transcript	240815071916-258325-Transcript.pdf	NV CAREER INSTITUTE-	TRANSCP
Social Security Card	OL240815071115-257151-Social-Security-Card.jpeg		
Government Issued ID Card	OL240815071115-257150-Government-Issued-ID-Card.jpeg		

### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:


Amount Paid:

Name: Daniel A Holly      Social Security #: 530-13-8449      Date of Birth: 02/26/86      Status: Graduate  
 Address: 3702 Cort Polo      Start Date: 01/17/05  
 City State Zip: Las Vegas, NV 89141      Required Hrs: 540      Graduation Date: 07/26/05

Grade History				
Course Code	Course Description	Credits Attempted	Credits Earned	Letter Grade
Program: MASSAGE THERAPY				
MT103RP	Reproductive System	0.34	0.34	B
MT103EX	Excretory System	0.33	0.33	B
MT105	Face and Scalp	0.34	0.34	A
MT106	MT Movements & Techniques	0.66	0.66	A
MT101	MT History Law & Ethics	0.67	0.67	A
MT102MT	Medical Terminology	0.67	0.67	A
MT102CT	Cells & Tissue	0.67	0.67	B
MT102I	Integumentary System	0.50	0.50	A
MT102SK	Skeletal System	0.67	0.67	A
MT103M	Muscular System	0.67	0.67	C
MT104	MT CPR/FA	0.67	0.67	A
MT103CV	Cardiovascular System	0.50	0.50	A
MT103L	Lymphatic System	0.34	0.34	C
MT103N	Nervous System	0.49	0.49	A
MT103E	Endocrine System	0.17	0.17	A
MT103R	Respiratory System	0.34	0.34	A
MT103DI	Digestive System	0.34	0.34	A
MT112	MT Nursing	1.33	1.33	C
MT113	MT Specialized	1.33	1.33	C
MT114	Business Administration	1.33	1.33	B
MT109K II	Kinesiology II	1.33	1.33	C
MT107	MT Therapeutic Exercise	0.66	0.66	C
MT109	MT Pathology	1.33	1.33	C
MT110	MT Sports Massage	0.66	0.66	C
MT111	MT Hydrotherapy	1.33	1.33	A
MT115	Nat Certification Review	0.33	0.33	A

Grade History				
Course Code	Course Description	Credits Attempted	Credits Earned	Letter Grade
Enrollment Totals:		18.00	18.00	
GPA:		3.23		

Grade Scale									
Lt	Gr	Range	Num	Desc	Lt	Gr	Range	Num	Desc
A			4.00	Excellent	I			0.00	Incomplete (LOA)
B			3.00	Good	WD			0.00	Withdraw/Drop
C			2.00	Satisfactory	AU			0.00	Audit
F			0.00	Failed					

Certified By:  Date: 10/06/11

**NSBMT**  
**OCT 10**  
 Receiver

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# Nevada Career Institute

3025 E. Desert Inn Rd. Suite A  
Las Vegas, Nevada 89121

## Daniel Holly

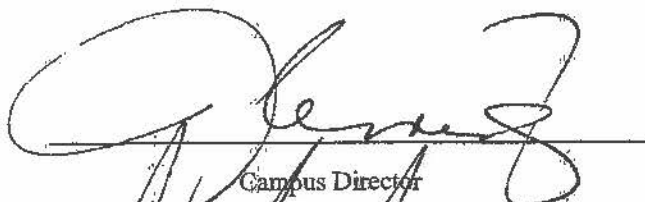
has graduated from our 540 hour program in

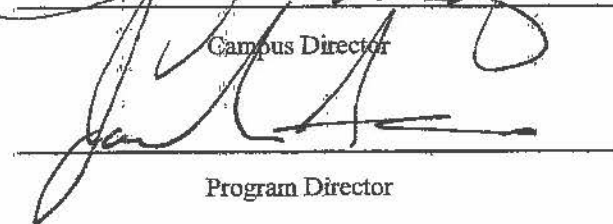
## Massage Therapy

having honorably completed the course of study prescribed by this Institution and upon examination having demonstrated satisfactory evidence of knowledge, is therefore, awarded this

Diploma on this 26th day of July, 2005

In Witness Whereof we have appended our hand to this Diploma

  
\_\_\_\_\_  
Campus Director

  
\_\_\_\_\_  
Program Director



NSBMT  
OCT 10 2011





## Official NCBTMB Score Report

**Daniel Holly**

3702 Corpolo  
Las Vegas, NV 89141  
UNITED STATES

**DOB:** 2/28/1986



**Exam Name:** NCETMB

**Exam Date:** 10/5/2011

**Exam Result:** PASS

**Candidate ID:** 443671-00

Please accept this as the Official Score Report for the candidate listed above for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). This score report only represents passing of the examination taken and does not represent current Board Certification status.

If you have any questions, please contact [scores@ncbtmb.org](mailto: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@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

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

September 19, 2024

Daniel Holly  
3702 Corpolo Ave.  
Las Vegas, NV 89141

RE: Money Order

Mr. Holly:

We are returning your money order in the amount of \$30.00 Our records do not indicate that you owe a balance.

If you have any questions, please email us at [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

Sincerely,

A handwritten signature in blue ink that reads "Kimberly Buckingham".

Kimberly Buckingham  
Administrative Assistant IV  
NSBMT

COPY

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

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BEFORE THE NEVADA STATE BOARD OF  
MASSAGE THERAPY

In the Matter of:

Daniel Holly,

Licensed Massage Therapist  
Nevada License No. NVMT.5521

Respondent.

Case No. NVMT-C-1817

**VOLUNTARY SURRENDER  
IN LIEU OF OTHER  
DISCIPLINARY ACTION**

I, Daniel Holly, wish to voluntarily surrender my Nevada Massage Therapy License. I voluntarily and knowingly admit the following facts:

1. I am licensed as a massage therapist in the State of Nevada and I was licensed at the time of the conduct described herein and am, therefore subject to the jurisdiction of the Board.

2. I neither admit nor deny that while employed and/or working in the capacity of a licensed massage therapist at South Point Hotel and Casino, located at 9777 Las Vegas Blvd., Las Vegas, Nevada 89183, I performed a massage on a client and that during that massage I digitally penetrated the client's vagina and/or rubbed his erect penis over her hands. I admit that the Board could likely prove by a preponderance of the evidence that the prior facts were true and did occur.

3. I admit these factual allegations may constitute grounds for disciplinary action pursuant to NRS 640C.710 because the conduct may have violated NRS 640C.700(4)(a) and/or (9).

4. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.

5. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.

6. I am aware that I have certain constitutional rights, including:

- (a) I have the right to hire an attorney to represent me in this proceeding;
- (b) I have the right to demand a hearing on the charges against me, and I can require the Board's staff to prove the allegations;
- (c) I have the right to cross-examine the witnesses against me;
- (d) I have the right to call witnesses to provide evidence on my own behalf;
- (e) I have other rights accorded to me under the Nevada Revised Statutes

Chapters 233B, 622, 622A and 640C.

7. I am aware of the foregoing rights, and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting my voluntary surrender of my massage therapist license in lieu of other disciplinary action.

8. I understand this Voluntary Surrender is considered disciplinary action and as such will become part of my permanent record.

9. I understand this Voluntary Surrender is considered public information.

10. I understand this Voluntary Surrender is considered disciplinary action and will be reported to the national repository, which records disciplinary action taken against licensees, or any agency or another state, which regulates the practice of Massage Therapy.

11. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as evidence against me to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

12. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanctions.

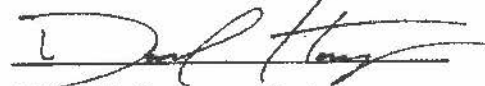
13. I understand that this surrender is effective on the date it is accepted by the Board.

I, Daniel Holly, by my signature affixed below, agree with the foregoing facts and representations and therefore choose to voluntarily surrender my License to practice as a massage therapist in Nevada.

NEVADA STATE BOARD OF MASSAGE THERAPY retains jurisdiction in this case until all conditions have been met to the satisfaction of the Board.

NEVADA STATE BOARD  
OF MASSAGE THERAPISTS

RESPONDENT



Board Chair

Daniel Holly, Respondent

5/7/2018

4-24-18

Date

Date

NSBMT  
MAY 11 2018  
Received



## 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>

December 18, 2024

Daniel Holly  
3702 Corpolo Ave.  
Las Vegas, NV 89141

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 Mr. Holly:

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 Wednesday, January 8, 2025. Participants can join the meeting via Zoom or by appearing in person. The meeting will begin at 9:00 a.m.:

You may access the meeting by going to our meetings page and follow the link to the next scheduled meeting at: <https://massagetherapy.nv.gov/>, then find the posted Zoom link.

Zoom sign-in available at 8:30 a.m.

Virtual access is available by registering for this meeting online:

<https://us06web.zoom.us/j/81140143759?pwd=jEcqL1bdrvuauo4AaSVmeZxGjet55t.1>

Meeting ID: 811 4014 3759

Passcode: 140912

Join by SIP

- [81140143759@zoomcrc.com](mailto:81140143759@zoomcrc.com)

Telephonic access to this meeting is available by dialing the number below based on the location closest to participant.

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

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

9489 0090 0027 6602 8389 17

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 December 31, 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 or by emailing [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov).

Sincerely,

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

Elisabeth Barnard  
Executive Director