

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review

MEETING DATE: January 8, 2025

APPLICANT: MeiXiang Yang
REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Mr. Yang's massage application is before you today for review that could not be approved administratively. Ms. Yang 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, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

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

Massage Therapy Application

Structural Integration Practitioner Massage Therapist Reflexologist

Type or print legibly all portions of this application. Incomplete applications will not be processed.

Section 1: Personal Information			
Applicant Name: Last		First	Middle Initial
Yang		Meixiang	
List all other names previously or currently being used by you:			
Residence address (do not list post office boxes or mailbox drop addresses):			
Street		City	State Zip
5161 Pioneer Ave Apt 204		Las Vegas	NV 89
Previous address (if less than 1 year):			
Street		City	State Zip
Mailing address (if different than the residence address):			
Street or PO Box		City	State Zip
Social Security Number:		Date of Birth:	Place of Birth:
			China
Home Phone:	Cell Phone:	Business Phone:	Gender:
	702-427-8973		Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Business Name:			
Business Address:			
Street		City	State Zip
Email Address:			
Indicate the appropriate selection, which address you would prefer to be public knowledge. Home <input type="checkbox"/> Mailing <input checked="" type="checkbox"/> Business <input type="checkbox"/>			
Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Section 2: Child Support Information			
Mark the appropriate response (failure to mark one of the three will result in denial of your application):			
<input checked="" type="checkbox"/> I am NOT SUBJECT to a court order for the support of a child.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
Paid \$		For Office Use Only:	
QB		Date Sent	Tracking

NSBMT
JUN 20 2024
RECEIVED

Section 3: Licensure Information

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexologist and/or Structural Integrationist. Please attach another sheet of paper if you need more room.

*** A Certified Statement from State Licensing Authority must be completed for each state where you have held a license.**

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

Check here if you are actively licensed in any state or jurisdiction.

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)
California	74218	2017	9/08/2019

Section 4: Massage Training and Education – All massage, reflexology or structural education must be listed below. (Failure to disclose all education could result in an application denial)

Request official transcripts from the registrar of your school(s) and have them mailed directly to the Nevada State Board of Massage Therapy.

A certificate of completion (diploma) will need to be submitted for each massage, reflexology or structural integration program you completed.

Name of School	City and State	Years From and To (YYYY – YYYY)	Hours Completed
Fuzuba School	Las Vegas NV	2015-2015	500

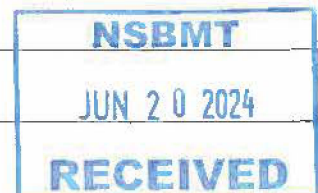
Section 5: National Exam Information – All massage, reflexology or structural exams must be listed below. (Failure to disclose all exams taken could result in an application denial)

MBLEX NCETM NCETMB CESI ITEC ARCB IIR NCBTMB-R

Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, CESI, ITEC, ARCB, IIR or NCBTMB-R.

The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY) if applicable
Las Vegas NV	6-27-15	N/A

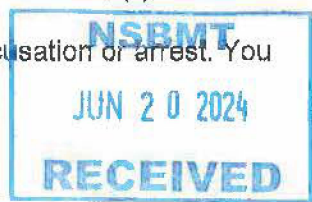


You must answer all of these questions by checking the appropriate "Yes" or "No" box.
 If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

Section 6: Application Screening Questions (use additional sheets of paper if needed)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?</p> <p>If yes, please provide the following information for each occurrence: (*required)</p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): <u>10-30-19</u></p> <p>*Licensing agency/jurisdiction that took action: <u>NV Massage Board</u></p> <p>*Name and address of employer/supervisor: <u>N/A</u></p> <p>*Reason for action: <u>Voluntary Surrender of license based on January, 2019 arrest</u></p> <p>*Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____</p> <p>*Licensing agency/jurisdiction that took action: _____</p> <p>*Name and address of employer/supervisor: _____</p> <p>*Reason for action: _____</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>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 <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper)</p>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary)</p>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>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:</p> <p>(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;</p> <p>If yes, fill in the following with complete and accurate information for each accusation or arrest: (*required)</p> <p>*Date of charge/offense (MM/DD/YYYY): <u>01-2-2019</u></p> <p>*Name and address of law enforcement agency: <u>LVPD 400 S. Martin Luther King Blvd, Las Vegas NV 89106</u></p> <p>*Charge: <u>Soliciting Prostitution, Las Vegas Justice Court</u></p> <p>*Disposition: <u>Case Dismissed 10-7-19</u></p> <p>*Date of charge/offense (MM/DD/YYYY): _____</p> <p>*Name and address of law enforcement agency: _____</p> <p>*Charge: _____</p> <p>*Disposition: _____</p>

If you have answered "Yes" to any of the questions above, you **MUST** include:

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) for each accusation or arrest.
2. Receipts for all fines or penalties showing that they have been paid for each accusation or arrest. You need to contact the court or the licensing agency.
3. Dispositions from the court(s) you appeared before regarding the arrest dates.



Affidavit of Applicant / Authorization of Release

I 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.

Signature of Applicant: [Signature]

Date: 6/17/24

State of Nevada County of Clark

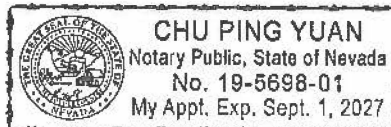
Signed and sworn to before me this 17th day of June, 2024.

Meixiang Yang, who personally appeared before me.

[Signature]
Notary Public Signature

09/01/2027
Notary commission expiration date

(Official Stamp)





Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmessagebd@lmt.nv.gov

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

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.

Structural Integration Practitioner Massage Therapist Reflexologist

Nevada Veteran Data

Are you currently active or a spouse of an active service member? Yes No

Are you currently licensed in any state or jurisdiction? Yes No

Have you ever served in the military? Yes No

If Yes, check all that apply:

Branch(es) of Service:

<input type="checkbox"/> Army/Army Reserve	<input type="checkbox"/> Marine Corps/Marine Corps Reserve
<input type="checkbox"/> Navy/Navy Reserve	<input type="checkbox"/> Air Force/Air Force Reserve
<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard/Coast Guard Reserve

Military Occupation Specialty/Specialties: _____

Date(s) of Service: From _____ (DD/MM/YYYY) To _____ (DD/MM/YYYY)

If you are a veteran and have been licensed by another jurisdiction you may qualify for license by endorsement. Please read NRS 640C.426.





Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Massage Therapy (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

0505RCCD-003(08/2020rev)
Fingerprint Background Waiver



Applicant:	
<u>MY</u>	<u>6-17-24</u>
Initial	Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada State Board of Massage Therapy (*name of requesting agency*), 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.
10. 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.

Applicant's Name:
PLEASE PRINT

Yang
Last Name
Meixiang
First Name


Middle

Applicant's Signature: 
Date: 6-17-24

Agency Account #:
PLEASE PRINT

Buckingham
Last Name
Kimberly
First Name

Middle

Agency Representative Signature: 
Date: 12/3/24





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@bmt.nv.gov

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

Application Checklist

If any of the above is missing or incomplete, your application will be returned

- Did you include 1 current passport quality sized photo?
- Has Nevada State Board of Massage Therapy (NSBMT) received your passing national exam results from testing agency? Testing exam accepted: MBLEX, NCETM, NCETMB, CESI, ITEC, ARCB, IIR or NCBTMB-R. Contact the appropriate National exam agency and request to have your Official Score Report be sent to us electronically.
- Has NSBMT received your certified statement or verification (If applicable) for all current and/or inactive licenses?
- Has NSBMT received your official transcripts? Contact your school to request an official transcript(s) to be sent to our Office.
- Did you include the certificate of completion (diploma) for each program completed? You may provide a copy of your certificate of completion (diploma) when submitting your completed application.
- Did you complete the Affidavit of Applicant? Was it signed and notarized by a notary?
- Have you uploaded or submitted 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.
- Have you uploaded or submitted 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.
- Did you initial, sign and date the Nevada Department of Public Safety Fingerprint Background Waiver?
- Did you submit the Application fee of \$510.00? Payment must in the form of money order or cashier's check and made payable to Nevada State Board of Massage Therapy or NSBMT. Online application fees of \$480.00 can be made on line using debit/credit card.

All fees are NON-REFUNDABLE.

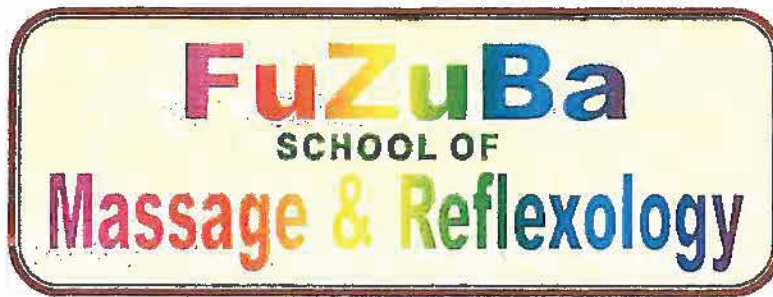
Emailed documents or transcripts will not be accepted.

Choose ONE of the following options:

(Live Scan is ONLY available in Las Vegas, Carson City or Reno)

- Live Scan: **Allow up to four weeks for processing Live Scan fingerprints.**
- Fingerprint Cards: **Allow up to eight weeks for processing fingerprint cards**

Mail your completed application to our Reno office



OFFICIAL TRANSCRIPT

Professional Practice of Massage (500-Hour Course)

STUDENT NAME: Yang, Meixiang GENDER: Female
 DATE OF BIRTH: 08/22/1968 ID: 1603173076
 START DATE: 01/19/2015 COMPLETION DATE: 04/30/2015

<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	C-
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	B-
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	C+
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	C-

TOTAL HOURS: 500

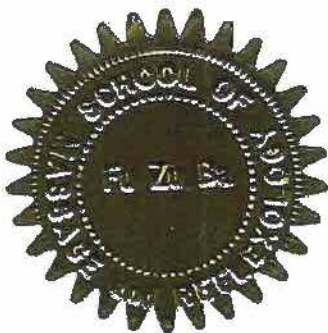
FINAL GRADE: C

Qian Yang, CMT, Assistant Director

Date: 04-30-15

NSBMT
JUL 06 2015

Received



FuZuBa
SCHOOL OF
Massage & Reflexology



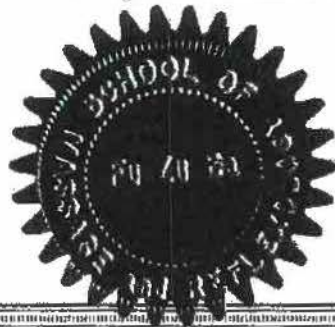
Certificate of Graduation

I hereby certify that Yang, Meixiang having successfully completed the 500-hour course in Professional Practice of Therapeutic Massage, is hereby awarded the Certificate of Graduation this Thirtieth day of April, 2015 with all the rights and responsibilities thereto attached.

NSBMT

JUL 06 2015

Received





Qian (Chelsea) Yang
Director



FSMTB
FEDERATION OF STATE
MASSAGE THERAPY BOARDS

MBLEx Jurisdictional Score Report and Transfer Grade Roster

State: Nevada

Transfer Grade Roster

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Attempt</u>	<u>Score</u>	<u>Pass/Fail</u>	<u>Language</u>	<u>School</u>
Yang	Meixiang	3971	08/22/68	06/27/15	1	734	Pass	English	Fu Zu Ba School of Reflexology



RECEIVED
NOV 21 2024

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>

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.

Elisabeth Barnard, Executive Director,
Nevada State Board of Massage Therapy

Applicant Name: Meixiang Yang License Number: 74218

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

License Information

Name:	<u>Meixiang Yang</u>
Date of Birth:	<u>08/22/1968</u>
Type of License:	<u>Certified Massage Therapist</u>
License Number:	<u>74218</u>
How Issued:	<u>Certified based on completing 500 hours of massage education.</u>
Original Licensure Date:	<u>9/8/2017</u>
Expiration Date:	<u>9/8/2019</u>
Status:	<u>Expired</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: Kennedy Date: 11/20/2024

Title: Customer Service Representative

Print agent's name: Kennedy (Official Stamp)

BEFORE THE NEVADA STATE BOARD OF
MASSAGE THERAPY

In the Matter of:

Case No. NVMT-C-1907

Meixiang Yang,

**VOLUNTARY SURRENDER
IN LIEU OF OTHER DISCIPLINE**

Licensed Massage Therapist
Nevada License No. NVMT.7696,

Respondent.

I, Meixiang Yang, wish to voluntarily surrender my Nevada Massage Therapy License.

1. It is alleged that:

a. On or about January 2, 2019, while working at Las Vegas Massage located at 2470 E. Tropicana Ave. #F, Las Vegas, Nevada 89121, I was arrested for soliciting sexual activity to an undercover police officer during the course of practicing massage.

2. I admit only that these factual allegations may constitute grounds for disciplinary action pursuant to NRS 640C.710 because the conduct may have violated NRS 640C.700(2)(4)(6)(9) and/or (10).

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

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

5. 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.
- (f) I have the right to obtain judicial review of the Board's decision.

6. I am aware of the foregoing rights in paragraph five (5), 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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

- 7. I understand this Voluntary Surrender is considered disciplinary action and as such will become part of my permanent record.
- 8. I understand this Voluntary Surrender is considered public information.
- 9. 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.
- 10. 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.
- 11. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanctions in any other matter.
- 12. I understand that this surrender is effective on the date it was accepted by the Board, which was October 30, 2019.
- 13. I agree not to apply for re-licensure with the Board as a massage therapist until three years have passed from the date of the Board's acceptance of this Voluntary Surrender, which was at its meeting held on October 30, 2019.

I, Meixiang Yang, by my signature affixed below, agree with the foregoing facts and representations and thus 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 THERAPY

RESPONDENT

Mary Hukva 10/30/19
Board Chair Date

Meixiang Yang 10/28/2019
Meixiang Yang, Respondent Date

LEGAL COUNSEL

Kirk T. Kennedy
Kirk T. Kennedy, Esq.
815 S. Casino Center Blvd.
Las Vegas, Nevada 89101
for the Respondent



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>

March 22, 2023

Meixiang Yang
5161 Pioneer Ave. Apt 204
Las Vegas, NV 89146

RE: Application Review

Dear Ms. Yang:

After full review of your application for licensure to practice massage in the State of Nevada, your application has been denied based on NRS 640C.700(2)(4)(6)(9) and NAC 640C.410(1)(r).

You are free to reapply for your massage license at any time. Your application will be reviewed by the Board as long as the Criminal History and/or Education applies pursuant to NRS 640C.580 and 640C.420.

If you have further questions, please email us at nvmassagebd@lmt.nv.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "Sandra Anderson".

Sandra Anderson
Executive Director

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 18, 2024

Meixiang Yang
5161 Pioneer Ave Apt 204
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. Yang:

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

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 24

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 nvmessagebd@lmt.nv.gov.

Sincerely,



Elisabeth Barnard
Executive Director

Cc: Kirk Kennedy, Esq