

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review

MEETING DATE: October 22, 2025

APPLICANT: Andrew E. Zlatich

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Mr. Zlatich's massage application is before you today for review that could not be approved administratively. Mr. Zlatich 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):

☐ 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)	



Nevada State Board of Massage Therapy

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

Application: License Application
Application Number: OL250520120995

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 : ZLATICH
First Name : ANDREW
Middle Name : E.



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

No record found.

Mailing address :

Street :

City : LAUGHLIN

State : NV

Zip : 89029

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

Street :

City : LAUGHLIN

State : NV

Zip : 89029

Social Security Number :

Date of Birth :

Place of Birth :

Gender : ☒ Male ☐ Female

Home/Cell Phone :

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.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
CA	47822	2013	10/24/2025
NV	NVMT.3597	2008	08/13/2013

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
America Institute of clinical Massage	Post Falls	2006 - 2006	900

Transcript(s)

Document Name	User Defined Document Name	Document Link
250520120995-292850-Transcript.pdf	AMERICAN INSTITUTE-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCBTMB	Spokane, Washington	03/27/2007

National Exam Status :

Date Received :

Score Report Received : ☒

Document Name	User Defined Document Name	Document Status
OL250520120995-294307-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.

Date of Revocation	Licensing Agency	Reason for action	Name and Address of Employer
07/20/2019	California Massage State board	During the renewal process, I failed to report a complaint, renewal was approved with a one year suspension	California State board 11801 Pierce Street Sacramento, CA 92705

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:

No record found.

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 : ZLATICH

First Name : ANDREW

Middle Name : EDWARD

Street : 3550 Bay Sands Dr. apt 2079

City : Laughlin

State : NV

Zip : 89029

Date : 6/9/2025

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 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, **ANDREW ZLATICH** 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 : Andrew Zlatich

Date : 6/9/2025

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
Certificate of Completion	OL250520120995-296764-Certificate-of-Completion.pdf	AMERICAN INSTITUTE-DIPL
Certified Statement	OL250520120995-296670-Certified-Statement.pdf	CA VERIF
Score Report Card	OL250520120995-294307-ScoreReportCard.pdf	NCETMB
Social Security Card	250520120995-293426-Social-Security-Card.jpeg	
Photo	3582-293407-ZLATICH, ANDREW.jpeg	
Transcript	250520120995-292850-Transcript.pdf	AMERICAN INSTITUTE-TRANSCP
Social Security Card	OL250520115794-291703-Social-Security-Card.jpeg	
Government Issued ID Card	OL250520115794-291701-Government-Issued-ID-Card.jpeg	
Current Massage License	OL250520115794-291700-Current-Massage-License.jpeg	

Application Fees

All fees are non-refundable.

Fee Detail(s)	
Payment Detail(s)	
Payment Method: Amount Paid:	



Certificate of Completion

This certifies that

Andrew Zlatich

*Has successfully completed 900 hours of instruction
in Therapeutic Massage and Bodywork in
the Massage Therapy Certification Program*

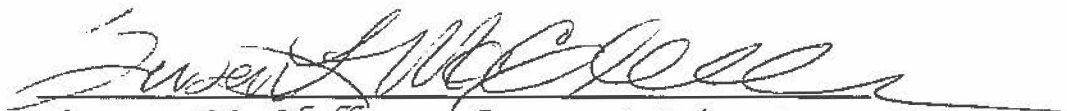


AMERICAN INSTITUTE of CLINICAL MASSAGE

A branch campus of New York School for Medical and Dental Assistants

4365 Inverness Drive Unit 103
Post Falls ID 83854
208.773.5890 www.aicm.edu

Effective this 3rd day of October 2006


Susan McClellan - Current Director

OFFICIAL TRANSCRIPT OF



The American
Institute of
Clinical
Massage

STUDENT TRANSCRIPT

STUDENT: Andrew Edward Zlatich

PHONE:

ADDRESS/CITY/ZIP:

Post Falls, ID. 83854

DATE OF BIRTH:

SOCIAL SECURITY#:

PROGRAM: MASSAGE THERAPIST CERTIFICATION PROGRAM L-12

START DATE: January 30, 2006 GRADUATION: October 3, 2006

DIPLOMA/CERTIFICATE AWARDED: CERTIFICATE OF COMPLETION 900 HOURS

DATE	COURSE	COURSE HOURS	HOURS COMPLETED	GRADE %
10-5-05	INTRODUCTION TO MASSAGE	100	100	88%
10-5-05	INTRODUCTION STUDENT CLINIC	50	50	PASS
2-15-06	HIV/AIDS Workshop	4	4	PASS
10-5-05 to 10-3-06	Anatomy/Physiology	130	130	80.1%
7-24-06 & 9-11-06	Business Law & Ethics	55	55	PASS
4-27-06	Cadaver Lab Workshop	8	8	PASS
2-8-06	First Aid & CPR	8	8	PASS
10-5-05 to 10-3-06	Pathology	50	50	91.9%
10-5-05 to 10-3-06	* Massage Theory and Practice w/Hydrotherapy	115	115	PASS
10-5-05 to 10-3-06	Musculoskeletal Anatomy	110	110	85.4%
10-5-05 to 10-3-06	Oriental Healing Arts	70	70	89.6%
10-5-05 to 10-3-06	Supervised Student Clinic	200	200	PASS
10-3-06	TOTAL CUMULATIVE SCORE	900	900	87%

Coursework completed in Massage Theory & Practice: Active Isolated Stretching (AIS), Pin and Stretch, Ayurveda I, Healing Touch, Trager, Pre-Post Event Sports Massage, Deep Tissue, PNF, Massage with the Disabled, Pregnancy Massage, Infant/Child Massage, Reflexology, Aromatherapy, Fijian Massage, Trigger Point, Cranial/Sacral, Roling, Chair Massage, Thai, Soap Charting, Pharmacology, Geriatric & Cancer, Nutrition.

CUMULATIVE GPA 87%



J. Pl. W.
JEANE PLASTINO-WOOD

Director of Education

October 3, 2006

Date

The American Institute of Clinical Massage
Hillstead Center * 1600 E. Seltice, Suite E * Post Falls, ID 83854
Student Clinic/Spa: (208)457-8909 * FAX: 208-457-9319 * Education Line: (208) 773-5890
WWW.AICMTOUCH.COM



**Nevada State Board
of Massage Therapists**

1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955

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 Therapists 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 Therapists at the address listed above. Your assistance in this matter is greatly appreciated.

Lisa Cooper, Executive Director,
Nevada State Board of Massage Therapists

Applicant Name: Andrew Zlatich License Number: CMT # 47822

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

License Information

Name: Andrew Edward Zlatich
Date of Birth: _____
Type of License: Certified Massage Therapist
License Number: 47822
How Issued: Certified based on out of state massage licenses. (Nevada)
Original Licensure Date: 07/26/2013
Expiration Date: 10/24/2025
Status: Active

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: _____ Suspended: 10/24/2019 to 04/06/2020

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: 7/15/2025

Title: Customer Service Representative

Print agent's name: Charlette L. Stewart (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: nvmassagebd@lmt.nv.gov

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

October 2, 2025

Andrew E. Zlatich

Laughlin, NV 89029

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. Zlatich,

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 October 22, 2025. Participants can join the meeting via Zoom by using the website below, via telephone by dialing one of the numbers below, or by visiting 1755 E. Plumb Ln., Ste 254, Reno, NV 89502. The meeting will begin at 9:00 a.m.:

You may access the meeting by going to our meetings page and following 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/84159636052?pwd=b8LkkWlpWMINUJwcQgju90MJH6cgG.1>

Meeting ID: 841 5963 6052

Passcode: 929477

SIP • 84159636052@zoomcrc.com

Or go to <https://massagetherapy.nv.gov/> and follow the link for our next scheduled meeting.

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

- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
 - +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
 - +1 719 359 4580 US
 - +1 253 205 0468 US
 - +1 386 347 5053 US
 - +1 507 473 4847 US
 - +1 564 217 2000 US

- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US

Meeting ID: 897 7802 0789
Passcode: 908314

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 October 15, 2025, 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.

Sincerely,



Elisabeth Barnard
Executive Director