

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

**TITLE:** Application Review

**MEETING DATE:** May 28, 2025

**APPLICANT:**

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

### BACKGROUND INFORMATION:

Ms.Sa's massage application is before you today for review that could not be approved administratively. Ms. Sa is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

### ACTION:

- ☐ Approved
- ☐ Probation
- ☐ Denied
- ☐ Tabled

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

<input type="checkbox"/> a. Report to the board all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> b. Refrain from providing outcall services.
<input type="checkbox"/> c. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> d. Notify the board of any changes in his or her employment.
<input type="checkbox"/> e. Complete an ethics course of within 90 calendar days after the issuance of the license.	<input type="checkbox"/> f. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> g. Attend a probation orientation -	<input type="checkbox"/> h. Take any other action that the Board deems appropriate. -
<input type="checkbox"/> i. Take any combination of the actions set forth in paragraphs (a) to (h), inclusive -	

### Required for Respondent:

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	



# Nevada State Board of Massage Therapy

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

**Application:** License Application  
**Application Number:** OL240715100929

**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 :** SA  
**First Name :** ESTI  
**Middle Name :** H.



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

### Other Name

HYANG SOON SA



### Mailing address :

**Street :** 1580 MIRA LAGO BLVD APT 469  
**City :** FARMERS BRANCH **State :** TX **Zip :** 75234

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

**Street :** 1580 MIRA LAGO BLVD APT 469  
**City :** FARMERS BRANCH **State :** TX **Zip :** 75234

**Social Security Number :**

**Date of Birth :**

**Place of Birth :** S. Korea

**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
FL	MA84210	2016	08/31/2019
TX	MT137281	2022	09/27/2026
AZ	MT-23508	2017	02/21/2024

## 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
Body Concepts Wellness Institute	East Rutherford	2011 - 2012	630

### Transcript(s)

Document Name	User Defined Document Name	Document Link
OL240715100929-260952-Transcript.pdf	NJ LETTER-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEx	Rago Prak, NY	03/20/2014

National Exam Status :

Date Received :

Score Report Received : ☒

Document Name	User Defined Document Name	Document Status
OL240715100929-261208-ScoreReportCard.jpg	MBLEX	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
12/16/2016	Florida Board of Massage Therapy	In 2014, I applied for the first time in Florida. At the time, Florida wanted to WebEx meeting which I missed because I did not know how to do that using a computer. When I applied in 2016 for the second time, Florida cited that I did not tell them about missing WebEx meeting. That's all happened. I did not mark 'YES', because it was not like I committed any crime. I simply forgot to mention in the second applicayion in 2016 about missing WebEx meeting.	Florida Board of Massage Therapy 4052 Bald Cypress Way Bin C-06 Talahassee, FL 32399

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
09/01/2005	Honolulu Police	Practicing without license	11/16/2005
07/01/2019	Honolulu Police	See attached	Dismissed

## 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 :** SA

**First Name :** ESTI

**Middle Name :** HYANG

**Street :** 1580 Mira Lago Blvd, Apt.469

**City :** Farmers Branch

**State :** TX

**Zip :** 75234

**Date :** 8/13/2024

**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 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, **ESTI SA** 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 : Esti Hyang Sa

Date : 8/13/2024

**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	OL240715100929-SA, ESTI.jpg	
Certified Statement	OL240715100929-266130-Certified-Statement.pdf	FL VERIF
Certified Statement	OL240715100929-262356-Certified-Statement.pdf	TX VERIF

Certified Statement	OL240715100929-261374-Certified-Statement.pdf	AZ VERIF
Score Report Card	OL240715100929-261208-ScoreReportCard.jpg	MBLEX
Transcript	OL240715100929-260952-Transcript.pdf	NJ LETTER-TRANSCP
Certificate of Completion	OL240715100929-260951-Certificate-of-Completion.pdf	BODY CONCEPTS-DIPL
Current Massage License	240715100929-256924-Current-Massage-License.pdf	
Current Massage License	240715100929-256923-Current-Massage-License.pdf	
Current Massage License	240715100929-256920-Current-Massage-License.jpg	
Current Massage License	240715100929-256918-Current-Massage-License.pdf	
Social Security Card	OL240715094128-253133-Social-Security-Card.pdf	SOCIAL SECURITY CARD
Government Issued ID Card	OL240715094128-253132-Government-Issued-ID-Card.pdf	TX DRIVER'S LICENSE
Application Fees		
All fees are non-refundable.		
Fee Detail(s)		
Payment Detail(s)		
		Payment Method:
		Amount Paid:



PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lieutenant Governor

## State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
P.O. BOX 057, TRENTON, NEW JERSEY 08625-0057

ROBERT ASARO-ANGELO  
Commissioner

August 22, 2024

Re: Esti Hyang Sa

The Center for Occupational Employment Information's Training Evaluation Unit is able to confirm that **BodyConcepts Wellness Institute**, an approved private career school formerly located in New Jersey, is closed.

Although the Department of Labor and Workforce Development (LWD) requests that student transcripts be maintained by a custodian of records or forwarded to LWD, the school did not provide this information at the time of closure. As such, we are unable to provide the requested records.

If you have any questions, please do not hesitate to contact the Training Evaluation Unit at [TrainingEvaluationUnit@dol.nj.gov](mailto:TrainingEvaluationUnit@dol.nj.gov).

However, you may wish to contact the below as they monitor massage licenses:

New Jersey Board of Massage & Bodywork Therapy  
PO Box 45048  
Newark, New Jersey 07101  
(973) 504-6520  
<https://www.njconsumeraffairs.gov/mbt/Pages/default.aspx>

Sincerely,

Lesley Hirsh, Assistant Commissioner  
Office of Research and Information



RESEARCH AND  
INFORMATION

*"Opportunity. Stability. Dignity."*

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Printed on Recycled and Recyclable Paper*

AD-18.9 (9/23)



# bodyConcepts

Wellness Institute  
196 Paterson Ave. 2nd Fl  
East Rutherford, NJ 07073  
(201) 635-1099



## OFFICIAL TRANSCRIPT

Name of Student: Esti H. Sa

Date of Inception: 10-19-11

Course Description	Hours	Grade
Anatomy & Physiology total hrs:	128	90
Basic Physiology & Biology—8 hrs		
Anatomy—12 hrs		
Myology—60 hrs		
Neurology & Neuromuscular—20 hrs		
Physiology systems—20 hrs		
Exam review & palpation—8 hrs		
Massage Theory & Practice total hrs:	273	89
Therapeutic massage & related techniques—88 hrs		
Body mechanics—8 hrs		
Hydrotherapy—4 hrs		
Pathology—40 hrs		
Medical massage techniques—68 hrs		
Sports massage techniques—38 hrs		
HIV / AIDS education—4 hrs		
Pre/Post Natal massage techniques—8 hrs		
Chair & site massage techniques—15 hrs		
Practical(Supervised Clinic)	104	89
Business	13	90
Professionalism & Ethics	6	90
Laws(local,State&Federal)	6	90
Elective:Reflexology	50	90
Hot Stone Massage	50	90
Total Hours Completed	630	90

This transcript is invalid unless sealed with the bodyConcepts Wellness Institute seal and signed by the institute's director. If there are any questions about the program or the courses, please contact the institute at any time.

Director's Signature

6-21-12

Date of Completion

# *bodyConcepts Wellness Institute*

## Certificate of Massage Therapy

Is hereby awarded to

*Esti H. Sa*



*Has successfully completed a program of study in Massage Therapy and Bodywork, 630 hrs., at  
bodyconcepts Wellness Institute Inc., East Rutherford, New Jersey*

*John J. Reardon*  
John J. Reardon, Director

*6/21/2012*  
6/21/2012

*Esti H. Sa*  
Esti H. Sa





# TEXAS DEPARTMENT OF LICENSING & REGULATION

Licensing Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 475-2871

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

SEPTEMBER 6, 2024

NSBMT

SEP 18 2024

RECEIVED

NEVADA STATE BOARD OF MASSAGE THERAPY  
1755 E PLUMB LANE SUITE 252  
RENO, NV 89502

## MESSAGE THERAPIST VERIFICATION

This is to verify that the below holds/held a valid license as a MESSAGE THERAPIST in the State of Texas.

**NAME:** ESTI HYANG SA  
**LICENSE NUMBER:** MT137281  
**LICENSE TYPE:** MESSAGE THERAPIST  
**DATE OF ISSUANCE:** September 28, 2022  
**EXPIRATION DATE:** September 27, 2026

CAN ESTI HYANG SA PRACTICE/OPERATE IN THE STATE OF TEXAS?

☒ YES ☐ NO

IS THIS CURRENT?

☒ YES ☐ NO ☐ YES, INACTIVE STATUS

HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST ESTI HYANG SA?

☐ YES ☒ NO

This search covers Orders issued during the current and most recent past two fiscal years. We encourage you to visit our website at <https://www.tdlr.texas.gov/mas/mas.htm> for frequently updated information, including rules, laws, publications and forms. Some licensing programs offer online verification free of charge. Please refer to the above website for more information.

**This document serves as an official license verification letter.**

Licensing Division

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*Rick Figueroa, Chair – Brenham, Texas*

*Tom Butler, Vice-Chair - Deer Park, Texas*  
*Gerald R. Callas, M.D., F.A.S.A. - Beaumont, Texas*  
*Nora Castañeda - Harlingen, Texas*

*Sujeeth Draksharam – Sugar Land, Texas*  
*Lori High, R.N., N.P., Retired - Spicewood, Texas*  
*Gary F. Wesson, D.D.S., M.S. - Richmond, Texas*

# ARIZONA STATE BOARD OF MASSAGE THERAPY

## Verification for licensure

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

8/30/2024

Nevada State Board of Massage Therapy  
1755 E. Plumb Lane, Suite 252  
Reno, NV 89502



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

Licensee Name	<b>Esti Hyang Sa</b>		
License Number	<b>MT-23508</b>	DOB <b>02/21/1967</b>	SSN <b>***-**-8853</b>
Licensee Status	<b>Active</b> <b>X</b> <b>Expired</b>		
Date of Issue	<b>03/30/2017</b>		
Expiration Date	<b>02/21/2024</b>		
National Exam			
Required Hours	<b>700</b>	<b>effective 1-2008</b>	Prior 500 hours
License issued based on:	Hours	NCBTMB	
	Grandfathered	MBLEX	
	Reciprocity		

**LICENSE IS IN GOOD STANDING. NO DISCIPLINARY ACTION.**

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

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



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis  
Governor

Joseph A. Ladapo, MD, PhD  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

October 23, 2024

Kim

Nevada State Board Of Massage Therapy  
1755 E. Plumb Lane  
Suite 252  
Reno, NV 89502



RE: License Certification for Esti Hyang Sa

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Massage Therapist
LICENSE NUMBER:	MA84210
ORIGINAL CERTIFICATION:	11/16/2016
EXPIRATION DATE:	08/31/2019
CURRENT STATUS OF LICENSE:	NULL AND VOID,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman  
Operations and Management Consultant Manager

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations  
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251  
PHONE: (850) 488-0595 • FAX: (850) 245-4791



**Accredited Health Department**  
Public Health Accreditation Board



FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK ANGEL SANDERS  
DATE DEC 16 2016

STATE OF FLORIDA  
BOARD OF MASSAGE THERAPY

IN RE THE APPLICATION FOR  
CERTIFICATION OF:

ESTI HYANG SA

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**NOTICE OF INTENT TO APPROVE WITH CONDITIONS**

This matter came before the Board of Massage Therapy at a duly-noticed public meeting on July 29, 2016, in St. Petersburg, Florida. The applicant has applied for certification as a massage therapist.

The applicant failed to disclose a Notice of Intent to Deny filed on July 10, 2014. The applicant is in violation of Sections 480.046(1)(a) and 456.072(1)(h), Florida Statutes, by attempting to obtain a massage therapy license by bribery, misrepresentation or deceit.

Based on the foregoing, the Board may refuse to certify an applicant for licensure, or restrict the practice of the licensee, or impose conditions, pursuant to Sections 480.046(2) and 456.072(2), Florida Statutes.

It is therefore **ORDERED** that the application for certification is approved with the following conditions:

The licensee must pay an administrative fine of \$500.00 within six months after the date this Order is filed. Payment shall be made to the Board of Massage Therapy and mailed to, DOH-Board of Massage Therapy, 4052 Bald Cypress Way, Bin C-06



Tallahassee, Florida 32399-3257. Payment must be made by cashier's check or money order ONLY. Personal checks will not be accepted.

DONE AND ORDERED this 15 day of December, 2016.

BOARD OF MASSAGE THERAPY



Kama Monroe  
Executive Director for  
Lydia Nixon Chair

**NOTICE TO APPLICANT**

You may seek review of this Order, pursuant to Sections 120.569 and 120.57, Florida Statutes, by filing a petition with the Executive Director of the Board, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32329-3257, within 21 days of receipt of this Order. If you dispute any material fact upon which the Board's decision is based, you may request a hearing before an administrative law judge pursuant to Section 120.57(1), Florida Statutes; your petition must contain the information required by Rule 28-106.201, Florida Administrative Code, ***including a statement of the material facts which are in dispute.*** If you do not dispute any material fact, you may request a hearing before the Board pursuant to Section 120.57(2), Florida Statutes; your petition must include the information required by Rule 28-106.301, Florida Administrative Code.

Pursuant to Section 120.573, Florida Statutes, you are hereby notified that mediation pursuant to that section is not available.



**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been  
furnished by certified mail to ESTI HYANG SA, 21114 46<sup>th</sup> Avenue, Bayside NY 11361,  
and by email to and Lee Ann Gustafson, LeeAnn.Gustafson myfloridalegal.com this 16<sup>th</sup>  
day of December, 2016.

*Amy L. Carranney*

**Deputy Agency Clerk**

**Certified Article Number**

9434 7266 9904 2090 7648 29

**SENDERS RECORD**

|||||  
Esti Hyang Sa  
21114 46th Ave.  
Bayside, NY 11361

**NSBMT**

**JAN 30 2025**

**RECEIVED**



July 14, 2024

**AFFIDAVIT**

Re: Case 2

At end of June 2019, I received a call from a bond company in Honolulu, Hawaii saying that there is a search warrant out for me at Palm Tree Spa. At the time, I was vacationing at home in Texas. I flew to Hawaii and went to police station in July 1, 2019 and I was processed for charges such as promoting prostitution.

Obviously, I was not at the store when policemen came by and I did not commit any criminal act.

At the court hearing, the judge said that since I did not commit any crime, he suggested me to donate the pre-paid fine of \$1,000.00 and I agreed. The case was dismissed and I was on the probation for one year. The final disposition was 'Found not guilty and case dismissed'.

Thank you.

A handwritten signature in blue ink, appearing to read 'Esti Hyang Sa', written over a horizontal line.

Esti Hyang Sa  
1580 Mira Lago Blvd  
Apt. 469  
Farmers Branch, TX 75234

**DEFENDANT'S COPY**

<b>CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT STATE OF HAWAII</b>	<b>GRAND JURY BENCH WARRANT</b>	CASE NO. <b>1CPC-19-0000938</b>
--	---------------------------------	------------------------------------

**STATE OF HAWAII TO: ANY LAW ENFORCEMENT OFFICER AUTHORIZED BY  
LAW TO EXECUTE WARRANTS OF ARREST IN THE STATE OF HAWAII**

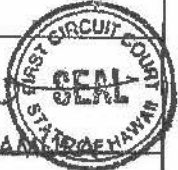
The Grand Jury of this court has duly PRESENTED AND FILED AN INDICTMENT against the defendant charging said defendant with committing the offense(s) indicated below:

*July 8, 2019*

**YOU ARE COMMANDED** to arrest and bring the defendant before this court as soon as possible.

**NOTE:** This warrant shall not be executed between the hours of 10:00 p.m. and 7:00 a.m. on premises not open to the public, unless authorized in writing by a Judge of this court.

DEFENDANT TO APPEAR BEFORE JUDGE <b>SHIRLEY M. KAWAMURA</b>	KA'AHUMANU HALE 177 BUNCHBOWL STREET HONOLULU, HI 96813 COURTROOM: 4	DATE: <b>JUN 25 2019</b>	JUDGE:  <b>SHIRLEY M. KAWAMURA</b>
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**SPECIAL INSTRUCTIONS**

- ☒ BAIL SET AT \$ 20,000.00 Agg.
- ☐ DEFENDANT MAY BE RELEASED ON  
OWN RECOGNIZANCE AFTER ARREST.

**POLICE DEPARTMENT:** As soon as possible after arrest please telephone Circuit Court (539-4208) to advise of arrest and to set court date. Return Original Bench Warrant and copy of the arrest report to: Circuit Court Criminal Assignments Clerk.

**DEFENDANT:** If you are released from custody by this Court Order, with or without bail, it is upon condition that you will subsequently appear in Court for all proceedings in connection with the charge(s) in this case. FAILURE TO APPEAR MAY SUBJECT YOU TO PROSECUTION FOR BAIL JUMPING which can be a felony with a five-year term of incarceration.

STATE OF HAWAII VS (DEFENDANT)	Charge(s) in Indictment	Police Report No(s).
10 ESTI HYANG SA, 1655 Makaloa Street #2118 Honolulu, HI 96814  DOB: 02/21/1967 SSN: XXX-XX-8853 SID:	1: Criminal Conspiracy to Commit	19190797
	Promoting Prostitution	
	5: Unlawful Ownership or Operation of Business	18470860-001
	11: Promoting Prostitution in the Second Degree	18470861-002

I do hereby certify that this is a true and correct copy of the original on file in this office.

*Rose Marie*  
Clerk, Circuit Court, First Circuit  
State of Hawaii

<b>OFFICER'S RETURN</b>			FIRST CIRCUIT COURT STATE OF HAWAII ISSUED <b>JUN 25, 2019</b> <b>3:43 o'clock P.M.</b> <i>Rose Marie</i> Criminal Administrative Division
DEFENDANT WAS ARRESTED AS INDICATED			
DATE OF ARREST	TIME	PLACE	
DATE	ARRESTING OFFICER		

Adult Client Services Branch  
First Circuit Court  
Ka'ahumanu Hale  
777 Punchbowl Street  
Honolulu, Hawai'i 96813  
Ph: (808) 539-4500  
FAX: (808) 539-4559

Electronically Filed  
**FIRST CIRCUIT**  
**1CPC-19-0000938**  
**20-JAN-2022**  
**08:18 AM**  
**Dkt. 390 EXPM**

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT  
STATE OF HAWAII

STATE OF HAWAII,	)	CASE NO. 1CPC-19-0000938
	)	
v.	)	COUNT 14:
	)	MESSAGE LICENSE REQUIRED
ESTI HYANG SA,	)	
	)	
Defendant.	)	
	)	EX PARTE MOTION FOR DISCHARGE
	)	AND DISMISSAL AND ORDER

EX PARTE MOTION FOR DISCHARGE AND DISMISSAL


The above-named Defendant, having been granted a Deferred Acceptance of Guilty Plea on December 29, 2020, by Judge Catherine H. Remigio, for a period of Three Hundred Sixty-Four (364) days, to run concurrently with any other term being served, and the deferral period having expired on December 28, 2021, it is respectfully recommended that said Defendant be discharged and the above charge(s) be dismissed.

This motion is made pursuant to Section 853-1 of the Hawai'i Revised Statutes.



I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

DATED: Honolulu, Hawai'i: January 14, 2022

  
\_\_\_\_\_  
SHAWN NAITO  
Senior Probation Officer

APPROVED AND SO ORDERED:

  
\_\_\_\_\_  
Judge of the above-entitled court



**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>

May 9, 2025

Esti Sa

1580 Mira Lago Blvd Apt 469

Farmers Branch, TX 75234

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. Sa:

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, May 28, 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/81585388556?pwd=880mCOtyV9jDCMrnBrGludxtxynWu4.1>

Meeting ID: 815 8538 8556

Passcode: 331435

Join by SIP

• [81585388556@zoomcrc.com](mailto:81585388556@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 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 May 21, 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](mailto:nvmassagebd@lmt.nv.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Elisabeth Barnard', with a stylized flourish at the end.

Elisabeth Barnard  
Executive Director