

**NEVADA STATE BOARD OF MASSAGE THERAPY**

**AGENDA ACTION SHEET**

**TITLE:** Application Review

**MEETING DATE:** March 12, 2025

**APPLICANT:** Matthew C. Jackson, Jr.

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

**BACKGROUND INFORMATION:**

Mr. Jackson's massage application is before you today for review that could not be approved administratively. Mr. Jackson 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:** OL240828052360

**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

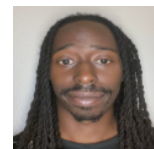
## Section 1 : Personal Information

- 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 :** JACKSON JR.  
**First Name :** MATTHEW  
**Middle Name :** C.



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

No record found.

### Mailing address :

**Street :** 6170 BOULDER HWY UNIT 1006  
**City :** LAS VEGAS **State :** NV **Zip :** 89122

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

**Street :** 6170 BOULDER HWY UNIT 1006  
**City :** LAS VEGAS **State :** NV **Zip :** 89122

**Social Security Number :** \_\_\_\_\_ **Date of Birth :** 96  
**Place of Birth :** Riverside, Ca **Gender :**  Male  Female

**Home/Cell Phone :** (909) 443-0060

**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

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.

**Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapists, Reflexology or Structural Integrationist.

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

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

**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.

Northwest Career College	Las Vegas	2023 - 2024	800

OL240828052360-270358-Transcript.pdf	NORTHWEST-TRANSCP	<a href="#">Document Detail</a>

MBLEX	Las Vegas/ NV	04/22/2024

National Exam Status :

Date Received :

Score Report Received :

240828052360-260288-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.**

No record found.

2. **Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.**

Yes  No

3. **Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)**

Yes  No

**If Yes, please explain in below textbox :**

4. **Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:**

**(a) Made sexual advances toward the person;**

**(b) Requested sexual favors from the person; or**

**(c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;**

Yes  No

**If yes, fill in the following with complete and accurate information for each accusation or arrest:**

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 you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

**Last Name :** JACKSON

**First Name :** MATTHEW

**Middle Name :**

**Street :** 6170 Boulder hwy #1006

**City :** Las Vegas

**State :** NV

**Zip :** 89122

**Date :** 10/14/2024

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

## VETERAN

**The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.**

**Have you ever served in the military:**  Yes  No

**Branch(es) of Service:** (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

**Military Occupation Speciality/Specialities:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

## Affidavit of Applicant / Authorization of Release

I, **MATTHEW JACKSON** 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 : Matthew Jackson

Date : 10/14/2024

**Upload**

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

Yes  No

**Have you uploaded a current copy of driver’s license or identification card and social security card. Names must match on driver’s license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

Yes  No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

Yes  No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Transcript	OL240828052360-270358-Transcript.pdf		NORTHWEST-TRANSCP
Certificate of Completion	OL240828052360-269290-Certificate-of-Completion.pdf		
Photo	15393-263832-JACKSON, MATTHEW.png		
Score Report Card	240828052360-260288-ScoreReportCard.jpg		MBLEX
Government Issued ID Card	OL240828052159-258848-Government-Issued-ID-Card.jpg		
Social Security Card	OL240828052159-258847-Social-Security-Card.jpg		

**Application Fees**

**All fees are non-refundable.**

**Fee Detail(s)**

**Payment Detail(s)**

Payment Method:  
Amount Paid:

# Northwest Career College

## Official Transcript

7398 Smoke Ranch Road  
Las Vegas, NV 89128

www.northwestcareercollege.edu



**Student:** Matthew Jackson    **StudentID:** JA56921    **DOB:** 08/1996    **Original Start Date:** 04/10/2023    **StudentGPA:** 2.90

**Program:** Diploma in Massage Therapy

**Enrollment #:** K3031JC

**Status:** Graduate

**Start Date:** 6/03/2024

**Grad Date:** 9/29/2024

**Term:** 4W240603    **4W 2024.06.03**    **6/03/2024 - 6/30/2024**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB213	MTB213 - Spa Therapies I	2.00	2.00	B	6.00
MTB214	MTB214 - Spa Therapies II	2.00	2.00	B	6.00
		4.83	4.83		15.32

**Term GPA:** 3.17

**Cum GPA:** 3.17

**Term:** 4W240708    **4W 2024.07.08**    **7/08/2024 - 8/04/2024**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB215	MTB215 - Sports Massage	2.00	2.00	A	8.00
MTB216	MTB216 - Special Needs	2.00	2.00	B	6.00
		4.83	4.83		17.32

**Term GPA:** 3.59

**Cum GPA:** 3.38

**Term:** 4W240805    **4W 2024.08.05**    **8/05/2024 - 9/01/2024**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB217	MTB217 - Medical Massage I	3.00	3.00	B	9.00
MTB218	MTB218 - Medical Massage II	2.00	2.00	B	6.00
		5.83	5.83		18.32

**Term GPA:** 3.14

**Cum GPA:** 3.23

**Term:** 12W240603    **12W 2024.06.03**    **6/03/2024 - 9/01/2024**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
SAS101	SAS101 - Student Academic Success	4.00	4.00	B	12.00
		4.00	4.00		12.00

**Term GPA:** 3.00

**Cum GPA:** 3.27

**Term:** 4W240902    **4W 2024.09.02**    **9/02/2024 - 9/29/2024**

Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
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\*\* Indicates Retaken Course  
R\* Indicates Retaken Override

Not official unless signed by registrar

# Indicates Pass/Fail Course  
+ Indicates Associated Course

# Northwest Career College

## Official Transcript

7398 Smoke Ranch Road  
Las Vegas, NV 89128

[www.northwestcareercollege.edu](http://www.northwestcareercollege.edu)



<b>Student:</b> Matthew Jackson	<b>StudentID:</b> JA56921	<b>DOB:</b> 08/1996	<b>Original Start Date:</b> 04/10/2023	<b>StudentGPA:</b> 2.90
<b>Program:</b>	<b>Diploma in Massage Therapy</b>			
<b>Enrollment #:</b>	<b>K3031JC</b>	<b>Status:</b>	<b>Graduate</b>	
<b>Start Date:</b>	<b>6/03/2024</b>	<b>Grad Date:</b>	<b>9/29/2024</b>	

MTB200#	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
MTB200#	MTB200 - Student Clinic	0.83	0.83	PASS	3.32
MTB211	MTB211 - Deep Tissue I	2.00	2.00	B	6.00
MTB212	MTB212 - Deep Tissue II	2.00	2.00	A	8.00
		4.83	4.83		17.32
<b>Term GPA:</b>	<b>3.59</b>	<b>Cum GPA:</b>	<b>3.30</b>		

Term: TC		Transfer Credits		1/01/2014 - 1/01/2099		
Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	
Transferred from Northwest Career College - NV						
MTB101	MTB101 - Basic Massage	0.00	2.00	TC	0.00	
MTB101	MTB101 - Basic Massage	0.00	2.00	TC	0.00	
MTB101	MTB101 - Basic Massage	0.00	2.00	TC	0.00	
MTB101	MTB101 - Basic Massage	0.00	2.00	TC	0.00	
MTB102	MTB102 - Anatomy, Physiology, and Kinesiology I	0.00	4.75	TC	0.00	
MTB102	MTB102 - Anatomy, Physiology, and Kinesiology I	0.00	4.75	TC	0.00	
MTB103	MTB103 - Anatomy, Physiology, and Kinesiology II	0.00	3.00	TC	0.00	
MTB104	MTB104 - Comprehensive Anatomy and Physiology I	0.00	3.00	TC	0.00	
MTB105	MTB105 - Comprehensive Anatomy and Physiology II	0.00	3.00	TC	0.00	
MTB200	MTB200 - Student Clinic	0.00	0.84	TC	0.00	
MTB200	MTB200 - Student Clinic	0.00	0.84	TC	0.00	
MTB201	MTB201 - Massage Business and Ethics	0.00	3.00	TC	0.00	
MTB202	MTB202 - Clinical Assessment and Integration	0.00	3.00	TC	0.00	
		0.00	34.18		0.00	
<b>Term GPA:</b>	<b>0.00</b>	<b>Cum GPA:</b>	<b>3.30</b>			

Diploma in Massage Therapy	<b>GPA:</b> 3.30	24.32	58.50
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\*\* Indicates Retaken Course  
R\* Indicates Retaken Override

Not official unless signed by registrar

# Indicates Pass/Fail Course  
+ Indicates Associated Course

10/3/2024 1.27.56 PM

Transcript - Official.rdl



Authorized Signature

*Christy Lewis*

\*\*\* End of Transcript \*\*\*

10-3-24  
Date



OFFICIAL  
TRANSCRIPT



\*\* Indicates Retaken Course  
R\* Indicates Retaken Override

Not official unless signed by registrar

# Indicates Pass/Fail Course  
+ Indicates Associated Course

# northwest

## CAREER COLLEGE



THIS CERTIFIES THAT

# Matthew Jackson

Has successfully completed the 800-Hour Massage Therapy program, and is therefore awarded this

# DIPLOMA

Given this 29<sup>th</sup> day of September, 2024

  
School Administrator



  
Director, Dr. John Kenny



**FSMTB**  
 FEDERATION OF STATE  
 MASSAGE THERAPY BOARDS

**NSBMT**  
 APR 29 2024  
**RECEIVED**

MBLEx Results: 4/29/2024

MBLEx Result Jurisdictional Report

State: NV

For results marked by  in the alert column, please contact FSMTB for additional information.

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Alert</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
Jackson	Matthew	2920	8/10/1996	4/25/2024	Pass		09/27/2023 Fail 11/13/2023 Fail	English	NORTHWEST CAREER COLLEGE - LAS VEGAS