

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review

MEETING DATE: May 28, 2025

APPLICANT: Jessica M. Williams

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Williams's massage application is before you today for review that could not be approved administratively. Ms. Williams 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: OL240923033754

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 : WILLIAMS
First Name : JESSICA
Middle Name : M.



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

No record found.

Mailing address :

Street : 5292 S MARYLAND PKWY UNIT 20
City : LAS VEGAS **State :** NV **Zip :** 89119

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

Street : 5292 S MARYLAND PKWY UNIT 20
City : LAS VEGAS **State :** NV **Zip :** 89119

Social Security Number : **Date of Birth :**
Place of Birth : FL **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	ma60799	2010	08/31/2017
FL	MA93768	2019	08/31/2021

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
Pensacola School of Massage	Pensacola	2018 - 2019	800

Transcript(s)

Document Name	User Defined Document Name	Document Link
240923033754-263889-Transcript.pdf	PENSACOLA SCHOOL OF MESSAGE-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEx	Mobile, AL	08/08/2009

National Exam Status :

Date Received :

Score Report Received : ☒

Document Name	User Defined Document Name	Document Status
240923033754-263890-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
04/01/2010	Florida Board of Massage	I was charged a fee for practicing in an establishment where I was unaware the owner was unlicensed and she led me to believe she was. This resulted in me paying a substantial fine.	Nanette Nanettes Beauty Salon Fort Walton Beach, FL 32548

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 : WILLIAMS

First Name : JESSICA

Middle Name :

Street : 5292 S Maryland Pkwy Unit 20

City : Las Vegas

State : NV

Zip : 89119

Date : 11/23/2024

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 Specialty/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, **JESSICA WILLIAMS** 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 : Jessica Williams

Date : 11/23/2024

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
Certified Statement	OL240923033754-285376-Certified-Statement.pdf	FL VERIF	
Certified Statement	OL240923033754-284146-Certified-Statement.pdf	FL VERIF	
Photo	OL240923033754-WILLIAMS, JESSICA.jpg		
Certificate of Completion	OL240923033754-277484-Certificate-of-Completion.jpg		Statement of completion with Diploma
Certificate of Completion	OL240923033754-277483-Certificate-of-Completion.jpg		Diploma of Completion
Score Report Card	240923033754-263890-ScoreReportCard.jpg	MBLEX	
Transcript	240923033754-263889-Transcript.pdf		PENSACOLA SCHOOL OF MASSAGE-TRANSCP
Government Issued ID Card	OL240923033353-261561-Government-Issued-ID-Card.jpg		Driver's license
Current Massage License	OL240923033353-261560-Current-Massage-License.png		Expired massage license verification
Social Security Card	OL240923033353-261559-Social-Security-Card.jpg		Social security card

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:
Amount Paid:

Pensacola School of Massage Therapy & Health Careers

Academic Transcript

2409 Creighton Road, Pensacola, FL 32504
Phone: (850) 474-1330 Fax: (850) 475-4294
License # 2799

Name: Jessica Williams Social Security Number: _____

Home Address: 1914 Sparrow Lane Date of Birth: _____
Navarre, FL 32566

Major: Massage Therapy Credits Req'd for Graduation: 44.0

Start Date: 10/16/2009 Credits Awarded: 44.00

Withdrawal Date: _____ Quality Points: 133.50

Graduation Date: 7/9/2010 equals Grade Point Average: 3.03

Credential Awarded: Diploma

Course Number	Description	Clock Hours	Available Credits	Grade	Quality Points	Earned Credits	Awarded Credits	Total Qual Pts
Anatomy and Physiology		200	18.5					
MT201	Musculoskeletal Anatomy	88	8.0	C	2.0	8.0	8.0	16.00
MT203	Anatomy and Physiology I	52	5.0	B	3.0	5.0	5.0	15.00
MT205	Anatomy and Physiology II	52	5.0	B	3.0	5.0	5.0	15.00
MT315	Pathology	8	0.5	A	4.0	0.5	0.5	2.00
Basic Massage Theory / Clinical Practicum		248	13.5					
MT101	Introduction to Swedish	12	1.0	A	4.0	1.0	1.0	4.00
MT103	Swedish Massage	100	5.0	B	3.0	5.0	5.0	15.00
MT401	Clinical Practicum	60	2.0	A	4.0	2.0	2.0	8.00
MT107	Connective Tissue Massage	40	2.5	C	2.0	2.5	2.5	5.00
MT326	Documentation / Medical Errors	16	1.5	B	3.0	1.5	1.5	4.50
MT501	Business Management	12	1.0	A	4.0	1.0	1.0	4.00
MT301	Health	8	0.5	A	4.0	0.5	0.5	2.00
Florida Statutes / Rules and History of Massage		22	2					
MT321	Florida Law	10	1.0	A	4.0	1.0	1.0	4.00
MT322	Ethics / National Exam Review	12	1.0	A	4.0	1.0	1.0	4.00
Theory and Practice of Hydrotherapy		20	1					
MT123	Hydrotherapy	20	1.0	B	3.0	1.0	1.0	3.00
Allied Modalities		142	8.5					
MT109	Neuromuscular Massage	68	4.0	A	4.0	4.0	4.0	16.00
MT105	Sports Massage	30	2.0	B	3.0	2.0	2.0	6.00
MT125	Reflexology	12	0.5	A	4.0	0.5	0.5	2.00
MT131	Asian Bodywork Therapy	32	2.0	B	3.0	2.0	2.0	6.00
HIV / Aids Education		8	0.5					
MT305	CPR / HIV / AIDS / First Aid	8	0.5	A	4.0	0.5	0.5	2.00
Totals		640	44			44.00	44.00	133.50

Standard Letter Grading System: A=100-90, B=89-80, C=79-70, F=below 70, P=Pass, TP=Transfer Pass,

W=Withdrawal before midpoint of class, WP=Withdrawal Passing, WF=Withdrawal Failing, I=Incomplete.

Quality Points are used for computing Grade Point Averages as follows: A-4, B-3, C-2, F-0, P&TP-not used.

Earned Credits are those with grades of A,B,C or F and are used for computing Grade Point Averages (GPA).

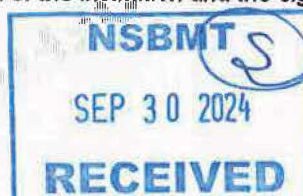
Awarded Credits are those with grades of A,B,C,P or TP and are used for satisfying graduation requirements.

Credits are awarded on the Quarter System. Total Quality Points = Earned Credits multiplied by Quality Points.

Grade Point Average = Total Quality Points divided by Total Earned Credits.

Signature: Judy Holler Title: Director Date: 7/9/2010

This transcript is not valid without the raised seal of the institution and the signature of a school official.





PARCHMENT OFFICIAL DOCUMENT contains multiple security features to prevent unauthorized duplication.

To Test for Authenticity, verify security features as indicated: Front: The words Parchment Official Document Anti-Copy Watermark will appear when held at a 45° angle. Anti-Copy Coin Rub - Parchment Official Document Seal will appear when rubbed with a coin. The hidden message "UNOFFICIAL COPY" will appear on the copy when photocopied by most copiers. Back: Hidden Parchment Official Document Seal will fluoresce green under black light. Parchment Official Document Anti-Copy Watermark will appear when held at a 45° angle. Parchment Official Document Seal will appear when rubbed with a coin.

Pensacola School of Massage Therapy & Health Careers

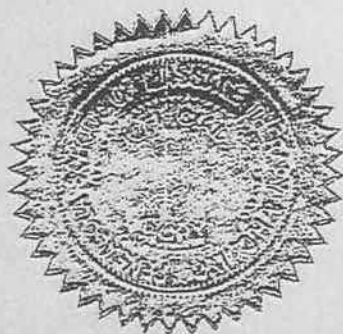
#2799

This is to certify that

Jessica Williams

Has successfully completed a 640 hour course of study in massage therapy as delineated by the Florida State Board of Massage Therapy and is eligible to take the State Board Examination for licensure.

Given this 9th day of July, 2010



Judy Holley
Judy Holley, Director



FSMTB

FEDERATION OF STATE
MASSAGE THERAPY BOARDS

MBLEx Results: 9/26/2024

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>
WILLIAMS	JESSICA			8/5/2010	Pass			English	Pensacola School of Massage Therapy

For Exam Result marked with an ⚠ in the alert column, please call FSMTB's School Support Team at 913.681.0380 for more details.



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

March 26, 2025

Kim, Board Of Massage Therapy
Nevada Board Of Massage Therapy
1755 E Plumb Lane #252
Reno, NV 89502



RE: License Certification for Jessica Megan Williams

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:	MA60799
ORIGINAL CERTIFICATION:	10/20/2010
EXPIRATION DATE:	08/31/2017
CURRENT STATUS OF LICENSE:	NULL AND VOID,
AGENCY ACTION:	Yes
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

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

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

March 18, 2025

NSBMT

MAR 18 2025

RECEIVED

Kim, Board Of Massage Therapy
Nevada Board Of Massage Therapy
1755 E Plumb Lane #252
Reno, NV 89502

RE: License Certification for Jessica Megan Williams

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:	MA93768
ORIGINAL CERTIFICATION:	10/14/2019
EXPIRATION DATE:	08/31/2021
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

STATE OF FLORIDA
BOARD OF MASSAGE THERAPY

DEPARTMENT OF HEALTH,

Petitioner,

JESSICA M. WILLIAMS,

Respondent.

Case No.: 2010-22926
License No.: MA 60799

FINAL ORDER

This matter appeared before the Board of MASSAGE THERAPY at a duly-noticed public meeting on April 19, 2012 in Tampa, Florida, for a hearing not involving disputed issues of material fact pursuant to Respondent's Election of Rights requesting a hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Petitioner has filed an Administrative Complaint seeking disciplinary action against the license. A copy of the Administrative Complaint is attached to and made a part of this Final Order. Petitioner was represented by S. J. DiConcilio, Assistant General Counsel, Florida Department of Health. Respondent was not present.

FINDINGS OF FACT

Therefore, the Board adopts as its finding of facts the facts set forth in the Administrative Complaint.



CONCLUSIONS OF LAW

Based upon the Findings of Fact, the Board concludes the licensee has violated Section 480.046(1)(n), Florida Statutes.

The Board is empowered by Sections 480.046(2) and 456.072(2), Florida Statutes, to impose a penalty against the licensee. Therefore it is ORDERED that:

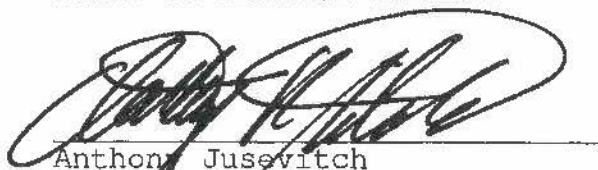
The license of JESSICA M. WILLIAMS is hereby REPRIMANDED.

The licensee must pay an administrative fine of \$100.00 and investigative costs of \$349.57 within 180 days of the date this Final Order is filed. Payment shall be made to the Board of Massage Therapy and mailed to, Massage Compliance Officer at the Department of Health, Client Services Unit, HMQAMS, BIN # C01, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3251.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 4th day of May, 2012.

BOARD OF MASSAGE THERAPY



Anthony Jusevitch
Executive Director for
Karen Goff Ford, Chair

NOTICE OF APPEAL RIGHTS

Pursuant to Section 120.569, Florida Statutes, the parties are hereby notified that they may appeal this Final Order by

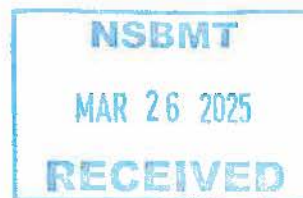


filing one copy of a notice of appeal with the clerk of the department and by filing a filing fee and one copy of a notice of appeal with the District Court of Appeal within thirty days of the date this Final Order is filed.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to **JESSICA M. WILLIAMS**, 2933 Mission Road, Tallahassee FL 35304 & 1914 Sparrow Lane, Navarre FL 32566; by interoffice mail to **Lee Ann Gustafson**, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and **S. J. DiConcilio**, Assistant General Counsel, Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265 on this 7th day of May, 2012.

Sandra Soto
Deputy Agency Clerk



**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

vs.

CASE NO. 2010-22926

JESSICA M. WILLIAMS, LMT,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Massage Therapy against Respondent, Jessica M. Williams, LMT, and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of massage therapy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 480, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed massage therapist within the state of Florida, having been issued license number MA 60799 on or about October 20, 2010.



3. Respondent's address of record is 1914 Sparrow Lane, Navarre, Florida 32566.

4. On or about December 6, 2010, Petitioner received a complaint that Respondent was practicing massage at Nanette's Beauty Salon and Day Spa (Nanette's), located at 700 Beal Parkway, NW, Unit K, Fort Walton Beach, Florida 32547

5. During an interview by a department investigator with the owner, Nanette Moats, on December 13, and 17, 2010, she stated that Respondent worked at Nanette's for a few weeks. She also stated that she was not aware that she needed a massage establishment license.

6. In Respondent's written response dated December 15, 2010, she stated that she was not aware that Nanette's was not a licensed massage establishment.

7. A review of the department licensure records revealed that Nanette's does not have a massage establishment license.

8. Section 480.046(1)(n), Florida Statutes (2010), provides that practicing at a site, location, or place which is not duly licensed as a massage establishment, except that a massage therapist, as provided by rules adopted by the board, may provide massage services, excluding colonic irrigation, at the residence of a client, at the office of the client, at

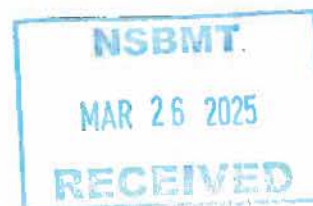


a sports event, at a convention, or at a trade show, constitutes grounds for disciplinary action by the Board of Massage Therapy.

9. When Respondent practiced massage at Nanette's, Respondent practiced at a site, location, or place which was not duly licensed as a massage establishment and which was not the residence of a client or the office of a client, and Respondent practiced massage in situations which did not constitute sports events, conventions, or trade shows.

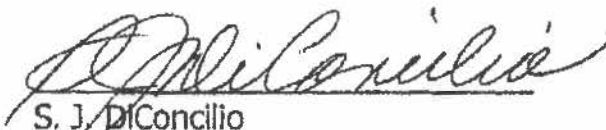
10. Based on the foregoing, Respondent violated Section 480.046(1)(n), Florida Statutes (2010), by practicing massage at a site, location, or place which was not duly licensed as a massage establishment.

WHEREFORE, the Petitioner respectfully requests that the Board of Massage Therapy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.



SIGNED this 11th day of October, 2011.

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General



S. J. DiConcilio
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar # 949027
(850) 245-4640, Ext. 8129
(850) 245-4684 FAX

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 13 2011

PCP: 10/11/11

PCP MEMBERS: Karen Harrison & William Stoeck



NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter which may include attorney hours and costs, on the Respondent, in addition to any other discipline imposed.



Kimberly Buckingham

From: Megan Williams < >
Sent: Saturday, October 5, 2024 12:29 PM
To: Nevada Board of Massage Therapists
Subject: Re: Jessica Williams -application help OL240923033353

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello, yes that is correct. It is not a current license in another state.

On Fri, Oct 4, 2024, 2:53 PM Nevada Board of Massage Therapists <nvmassagebd@lmt.nv.gov> wrote:

Ms. Williams,

You do not have a current massage license in another state, correct?

Sincerely,

Kim

Nevada State Board Of Massage Therapy

(775) 687-9955 (office)

(775) 786-4264 (fax)

<https://massagetherapy.nv.gov/>

From: Megan Williams < >
Sent: Friday, October 4, 2024 11:58 AM
To: Nevada Board of Massage Therapists <nvmassagebd@lmt.nv.gov>
Subject: Fwd: Jessica Williams -application help OL240923033353

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

My apologies, I emailed previously but need to include my application number. It's OL240923033353.

----- Forwarded message -----

From: **Megan Williams** >
Date: Fri, Oct 4, 2024, 11:56 AM
Subject: Jessica Williams -application help
To: <nvmassagebd@lmt.nv.gov>

Hello,

I recently submitted an application for a massage therapist license in Nevada and I believe I spoke with Kim who was helping me. But my application had listed, when I submitted it as I wasn't clear on what to do, my Florida massage license. But since that is Null and Void(expired) I was told that I need help taking it off of my already submitted application, so if you could please help me in taking this off of my application for me so that I can get my Nevada massage application processed that would be greatly appreciated. Can you please help me with this?



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>

May 9, 2025

Jessica Williams
5292 S Maryland Pkwy Unit 20
Las Vegas, NV 89119

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. Williams:

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=880mCOtyV9jDCMrnbnrGIudxtxynWu4.1>

Meeting ID: 815 8538 8556

Passcode: 331435

Join by SIP

• 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.

Sincerely,



Elisabeth Barnard
Executive Director