

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review

MEETING DATE: August 12, 2025

APPLICANT: Esti Sa

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 :

HYANG SOON SA



Mailing address :

Street :

City : FARMERS BRANCH **State :** TX **Zip :** 75234

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

Street :

City : FARMERS BRANCH **State :** TX **Zip :** 75234

Social Security Number :

Date of Birth :

Place of Birth :

Gender : ☐ Male ☒ Female

Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☐ Home ☒ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)

☐ Yes ☒ No

Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Section 3 : Previous Licensure Information

Previous Licensure :

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

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

Jurisdiction/ State	License Number	Year Issued	Expiration Date
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	Document Detail

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 :

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.

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

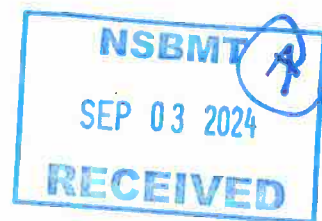
"Opportunity. Stability. Dignity."

New Jersey is an Equal Opportunity Employer
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

SEPTEMBER 6, 2024



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

MASSAGE THERAPIST VERIFICATION

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

NAME: ESTI HYANG SA
LICENSE NUMBER: MT137281
LICENSE TYPE: MASSAGE 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

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

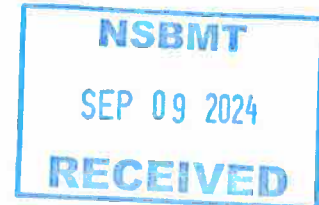
ARIZONA STATE BOARD OF MASSAGE THERAPY

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	Esti Hyang Sa		
License Number	MT-23508	DOB 02/21/1967	SSN ***-**-8853
Licensee Status	Active <input checked="" type="checkbox"/> Expired <input type="checkbox"/>		
Date of Issue	03/30/2017		
Expiration Date	02/21/2024		
National Exam			
Required Hours	700	effective 1-2008	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.



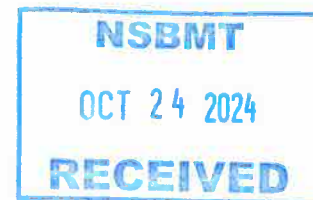
Ron DeSantis
Governor

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



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

Esti Sa

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

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

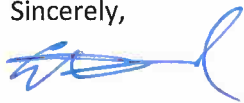
attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the 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



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>

July 22, 2025

Esti Sa

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, August 12, 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/81303628625?pwd=uTi5F27rbUmlmc3kOydXNtTTpsa1HM.1>

After registering, you will receive a confirmation email containing information about joining the meeting.

Meeting ID: 813 0362 8625

Passcode: 445214

SIP 81303628625@zoomcrc.com

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

- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
 - +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
 - +1 719 359 4580 US
 - +1 253 205 0468 US
 - +1 305 224 1968 US
 - +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
 - +1 360 209 5623 US
 - +1 386 347 5053 US
 - +1 507 473 4847 US
 - +1 564 217 2000 US
 - +1 646 931 3860 US

- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)

Physical Location: 1755 East Plumb Lane, Suite 254, Reno, Nevada 89502

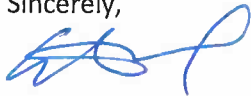
The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written 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 August 6, 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

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