

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

**TITLE:** Application Review

**MEETING DATE:** August 12, 2025

**APPLICANT:** Brandy N. McGowan

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

### BACKGROUND INFORMATION:

Ms.McGowan's massage application is before you today for review that could not be approved administratively. Ms. McGowan 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:** OL250226092121

**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 :** MCGOWAN  
**First Name :** BRANDY  
**Middle Name :** N.



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

PEARCE



**Mailing address :**

**Street :**

**City :** CARSON CITY

**State :** NV

**Zip :** 89706

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

**Street :**

**City :** CARSON CITY

**State :** NV

**Zip :** 89706

**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

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.

THE BODHI TREE CENTER	CARSON CITY	2024 - 2025	650
-----------------------	-------------	-------------	-----

250226092121-281084-Transcript.pdf	THE BODHI TREE CENTER-TRANSCP	<a href="#">Document Detail</a>
------------------------------------	-------------------------------	---------------------------------

MBLEX	Reno, NV	04/15/2025
-------	----------	------------

National Exam Status :

Date Received :

Score Report Received : ☒

OL250226092121-288414-ScoreReportCard.pdf	MBLEX	Pass
---	-------	------

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 :** MCGOWAN

**First Name :** BRANDY

**Middle Name :** N.

**Street :**

**City :** Carson City

**State :** NV

**Zip :** 89706

**Date :** 4/17/2025

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

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

## VETERAN

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

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

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

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

**Military Occupation Speciality/Specialities:**

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

As by 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, **BRANDY MCGOWAN** 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 : Brandy mcgowan

Date : 4/18/2025

Upload

**Have you uploaded a current passport quality photo?**  
**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Certificate of Completion	OL250226092121-289069-Certificate-of-Completion.pdf	THE BODHI TREE CENTER-DIPL
Score Report Card	OL250226092121-288414-ScoreReportCard.pdf	MBLEX
Photo	15604-287603-MCGOWAN, BRANDY.jpg	
Transcript	250226092121-281084-Transcript.pdf	THE BODHI TREE CENTER-TRANSCP
Social Security Card	OL250211031861-279849-Social-Security-Card.jpg	
Government Issued ID Card	OL250211031861-279848-Government-Issued-ID-Card.jpg	

Application Fees

**All fees are non-refundable.**

Fee Detail(s)

Payment Detail(s)

Payment Method:  
Amount Paid:



# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6 Carson City NV 89701

775-884-1145 John Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

2/11/2025 8:16:53 AM

22-108

**Brandy McGowan**

*The following package includes the OFFICIAL TRANSCRIPTS for the "Basic Massage Program".*

*This Transcript is not OFFICIAL unless the first and last pages are signed by an authorized signature.*

John M. Thorpe, Director:





# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

2/11/2025 8:16:13 AM

22-108

**Brandy McGowan**

Graduation Date: February 11th, 2025

Clinical Massage Hours: 123.50

Class Hours:

553

**GRADUATED**

### Acupressure

ACU-102	Basic Acupressure Techniques	12
ACU-103	Intermediate Acupressure	12
		<b>24</b>

### Anatomy & Physiology

AP-019	Anatomy & Physiology Review	1.5
AP-101	General Introduction to A&P	15
AP-102	Skin & Membranes	3
AP-103A	Skeletal System	12
AP-103B	Muscular System	9
AP-104	Nervous System & Senses	9
AP-105	Endocrine System	6
AP-106A	Blood & Cardiovascular System	12
AP-106B	Lymphatic System & Immunity	6
AP-106C	Respiratory System	9
AP-107	Digestive System, Nutrition & Metabolism	9
AP-108	Urinary System, Fluids, pH & Reproductive System	6
AP-109	Anatomy & Physiology Review	6
		<b>104</b>

### Business of Massage

BUS-102	Business of Massage	21
		<b>21</b>

### Chinese Techniques

TCM-203	Basic Tui-Na Massage	1
		<b>1</b>

### Ethics of Massage

BUS-101	Ethics of Massage	22.5
		<b>22.5</b>

### Fascia-Based Therapies

HOT-219	Fascial Freedom Therapy	4.5
		<b>4.5</b>

### Hands On Techniques - Various

HOT-101	Basic Massage with Sanitation & Communication	49
HOT-103	Soft Tissue Releases	12
HOT-104	Deep Tissue Massage	18
HOT-109	Therapeutic Massage for the Back and Hips	6
HOT-110	Therapeutic Massage for the Shoulder, Arms, Hands	12

22-108

The Basic Massage Program is, as of 2022 to date, a 650 Hour program. Consisting of a minimum of 550 Classroom Hours and 100 Practical Massage Hours.







# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

2/11/2025 8:16:13 AM

HOT-111	Therapeutic Massage for the Legs and Feet	6	
HOT-322	Tensional Releases	12	
			115

### Holistic Health & Healing

HOL-101	Holistic Healing and Holistic Massage	3	
			3

### Kinesiology

K-001	Kinesiology	9	
K-002	Kinesiology	18	
K-003	Kinesiology	18	
K-004	Kinesiology	18	
KR	Kinesiology Review	6	
			69

### Licensing Exam Preparation

MBX-101	MBLEx Licensing Exam Preparation Course	3	
			3

### Lomi Lomi

HOT-212	Lomi Lomi	12	
			12

### Medical Massage

HOT-208	Medical Massage	18	
			18

### Pathology/Contraindications

PATH-101	Introduction to Pathology	3	
PATH-102	Dermatologic Pathologies	6	
PATH-103	Musculoskeletal Pathologies	6	
PATH-104	Neurologic Pathologies, Mental Disorders & Pain	6	
PATH-105	Endocrine Pathologies	3	
PATH-106	Cardiovascular, Lymphatic & Respiratory	3	
PATH-108	Urinary, Reproductive Systems, STD's	6	
PATH-110	Pathology Review & Quiz	6	
PATH-111	Pathology Review & Final Exam	3	
			42



### Reiki

RKI-101	Reiki Level 1	6	
			6

### Shiatsu

ACU-202	Table Shiatsu	48	
ACU-203	Floor Shiatsu - Back Body	12	
ACU-203	Floor Shiatsu - Back Body	0	AU
ACU-204	Floor Shiatsu - Front Body	24	
ACU-205	Floor Shiatsu - Side Body	0	Audit

22-108

The Basic Massage Program is, as of 2022 to date, a 650 Hour program. Consisting of a minimum of 550 Classroom Hours and 100 Practical Massage Hours.



# The Bodhi Tree Center

3107 N. Deer Run Rd., Suite 6, Carson City NV 89701 - NCBTMB# 450816 775-884-1145

John M Thorpe, RCST®, BCST, BCTMB, LMT, FSL, Administrative Director

## OFFICIAL SCHOOL - Student Transcripts

2/11/2025 8:16:13 AM

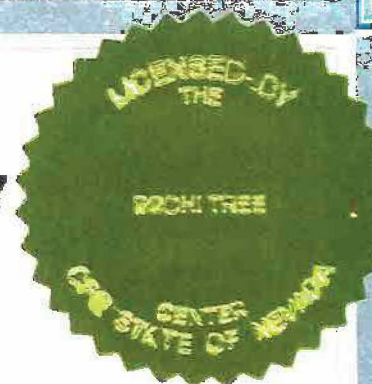
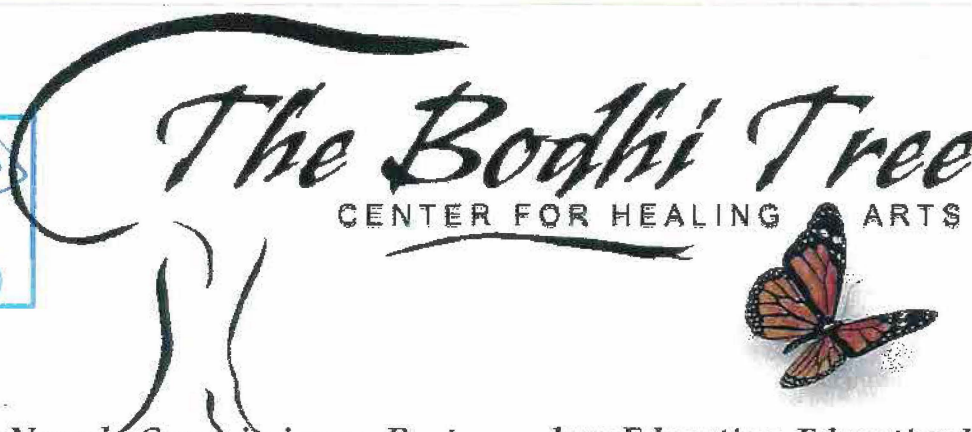
ACU-205	Floor Shiatsu - Side Body	6	
ACU-206	Floor Shiatsu - Whole Body Integration	0	Audit
ACU-206	Floor Shiatsu - Whole Body Integration	9	
		99	

### Traditional Chinese Medicine

ACU-207	Asian Theory	3	
ACU-209	Asian Studies Sampler	6	
		9	







*Licensed by the Nevada Commission on Postsecondary Education. Education has been Accepted towards licensure by the Nevada Board of Massage Therapists, the California Massage Therapy Council, the National Certification Board, The Arizona Board of Massage, and may be submitted towards licensure in other states.*

*The Bodhi Tree Center for Healing Arts acknowledges that*

**Brandy McGowan**

*Has successfully completed the requirements of our  
650 Hour course in Massage Therapy*

Lee M. Thorpe, Academic Director,  
MA, BC-DMT, LMT, ABT

*Graduation Date: February 11th, 2025*

John M. Thorpe, Administrative Director,  
RCST®, BCST, LMT, FSL





## 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>

July 22, 2025

Brandy McGowan

Carson City, NV 89706

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. McGowan:

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](mailto: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](mailto:nvmassagebd@lmt.nv.gov).

Sincerely,



Elisabeth Barnard  
Executive Director