



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>

PETITION FOR CRIMINAL HISTORY ELIGIBILITY DETERMINATION

If you are seeking a review of your criminal history as a potential disqualification to obtaining a license, please complete and submit this form, along with your criminal history documentation, to the Nevada State Board of Massage Therapy via U.S. mail, email, or fax. NRS 640C.700 provides grounds for refusal to issue a license.

No later than 90 days after receiving the required documentation, a determination will be made as to whether your criminal history will disqualify you from obtaining a license. If a disqualification determination is rendered, then the Petitioner may be provided instructions to remedy such determination of disqualification. This Board is not bound by such a determination, and may rescind such determination at any time.

CRIMINAL HISTORY QUESTIONS:

Have you EVER been convicted of, or pled guilty or nolo contendere to any crime involving violence, prostitution or any other sexual offense, a crime involving any type of larceny, a crime relating to a controlled substance, a crime involving any federal or state law or regulation relating to massage therapy, reflexology or structural integration or a substantially similar business, or a crime involving moral turpitude? **Yes/No**

Additionally, have you had any proceedings, including, without limitation, an arrest or citation, regarding whether you 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? **Yes/No**

Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Have you been disciplined in another state, a territory or possession of the United States or the District of Columbia for conduct that would be a violation of the provisions of this chapter or any regulations adopted pursuant thereto if the conduct were committed in this State? **Yes/No**

For any questions where you responded "Yes," attach an explanation on a separate sheet and provide copies of all relevant documentation.



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DATE: _____

I am requesting the Nevada State Board of Massage Therapy conduct a review of my criminal history to determine if that criminal history would disqualify me from being licensed by the Board.

The following information is needed to ensure that your request is completed:

Full name: _____
First Middle Last

Current address: _____
Street Address Apt #

City State Zip

Email address: _____

Birth date: _____ Phone #: (____) _____ Social Security #: _____
Place of Birth _____

Other names I may have used: _____

Mail this form to: NSBMT
1755 E Plumb Ln, Ste 252
Reno, NV 89502

Or submit via email to: nvmassagebd@lmt.nv.gov

Or send by fax: 775-786-4264

Signature: _____ Date: _____