

Application For EnCase® Certified Examiner



Please type or print clearly and check one (only if it is applicable):

☐ **I am enrolled in the EnCE® Prep Course.**

Indicate the location for which you are registered:

- ☐ OpenText-owned facility: _____
- ☐ Authorized Training Partner: _____

☐ **My organization has prepaid for a testing voucher.**

Provide your OpenText reference number: _____

☐ **I will be taking the Phase I test at Enfuse™.**

☐ **My testing language preference is:**

- ☐ English ☐ Spanish

Application Information

☐ Mr. ☐ Ms.

Last Name: _____ First: _____ Middle: _____

Name spelling/format for certificate: _____

Preferred mailing address and contact information for all EnCE-related items.

**Please provide a physical address; we cannot ship to P.O. boxes.*

Street: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Daytime phone number: _____ Fax Number: _____

E-mail**: _____

*****Please include the email address to which you wish to receive your testing and log-in instructions.***

Organization Information

Current Agency/Company: _____

Street: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Daytime phone number: _____ Fax Number: _____

E-mail: _____

Previous Agency/Company: _____

Street: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

During and after completion of the certification process, how would you like your information handled? Would you like public recognition of your achievement? *Option 2 will be assigned if no selection is made.*

- ☐ **Yes, my contact information and EnCE status are releasable to persons who request information from OpenText.**
- ☐ Name and contact info available online in an EnCE database for consultant referrals.
- ☐ **No, I do not want OpenText to publicize my EnCE status but I acknowledge and agree that OpenText may release such information if they receive a valid subpoena.**

Experience or Training Qualifications (choose one):

- ☐ **Experience Qualifications:** Number of **months** of computer forensics experience _____.
Please list experience related to computer forensics. This may include but is not limited to imaging, analysis, restoration, and sworn testimony. Also include names of employers if any. If you run out of room, you may include additional pages.

- ☐ **Training Qualifications:** Please provide documentation confirming that you have completed 64 hours of computer forensics training.

EnCase Training

OpenText-provided EnCase® course:

Start Date: _____ Location: _____
Start Date: _____ Location: _____

Training Qualification (other than EnCase Training)**Title of training course:** _____

Number of classroom hours: _____ Dates of training: _____ to _____

Agency/company providing training: _____

Title of training course: _____

Number of classroom hours: _____ Dates of training: _____ to _____

Agency/company providing training: _____

Title of training course: _____

Number of classroom hours: _____ Dates of training: _____ to _____

Agency/company providing training: _____

Statement of Qualifications:

I certify that I meet the experience and training requirements to apply to become an EnCase Certified Examiner. The information contained in this application and attachments are true and correct to the best of my knowledge.

Signature: _____ Date: _____

- Digital certificate signed applications may be submitted via email with attachments to EnCaseCertification@opentext.com
- Hand-signed applications must be mailed with attachments to:
OpenText
Attn.: Certification Coordinator
1055 E. Colorado Boulevard, Suite 400
Pasadena, CA 91106-2375

After the information contained on this application is verified, you will be contacted by the Certification Coordinator for the Phase I certification test payment. More information is available at:

<https://www.opentext.com/what-we-do/services/training-and-learning-services/course-catalogue/encase-training/certifications>.