

Application for OpenText™ EnCase™ Certified eDiscovery Practitioner (EnCEP)

Please type or print clearly and check one	(only if applicable):		
My organization has prepaid for a testin Provide your OpenText™ EnCase Training			
Application Information			
Last name:	First:	Middle:	
Name spelling/format for certificate:			
Preferred mailing address and contact info *Please provide a physical address; we can			
Street number/name:			
City:	•	State/province:	
Country:	Zip/postal code:		
Phone:	Fax:		
**Please provide the email address where y instructions.	you wish to receive yo	ur testing and log in	
Primary email:	Secondary email:		
Experience and training qualifications			
Work experience			
☐ Experience qualifications. Number of co	llective months of eDis	covery experience:	
Current organization information			
Current organization/agency name:			
Title/department:			
Street number/name:			
City:	State/provinc	ce:	
Country:	Zip/postal co	de:	
Phone:	Fax:		

Post organization information	
Provious organization/agency name	
Previous organization/agency name Title/department:	•
Street number/name:	
City:	State/province:
Country:	Zip/postal code:
Country.	Ziβ/postal odde.
• •	to digital forensics you performed for the agency/company ut is not limited to, imaging, analysis, restoration, and sworr dditional pages.
Training completed	
_	
	provide documentation confirming that you have completed t [™] eDiscovery Training with EnCase [™] Information Assurance.
OpenText-provided eDiscovery 1 Start date:	Fraining with EnCase Information Assurance: Location:
	e and training requirements to apply to become an EnCase The information contained in this application and to the best of my knowledge.
Signature:	Date:
• •	gned with a digital certificate or hand-signed and scanned along nentation via email to EnCaseCertification@opentext.com .
 Or hand-signed applications and OpenText Attn.: Certification Coordinator 1055 E. Colorado Boulevard, Sui Pasadena, CA 91106-2375 	supporting documentation may be mailed to:

Please list the experience related to digital forensics you performed for the agency/company noted above. This may include but is not limited to, imaging, analysis, restoration, and sworn

testimony. If necessary, include additional pages.

After the information contained on this application is verified, you will be contacted by the Certification Coordinator for the certification test payment.

The cost of the examination is \$500 USD.

Payment information

Once your application has been reviewed and accepted, you will be contacted regarding invoicing and payment methods.

If the company for which you work is paying the invoice and is based in any of the countries included in the following list, please provide the company's tax ID/VAT registration.

Tax ID/VAT registration*:

Please also provide the company's name and address associated with the tax ID/VAT registration.

Organization Name:

Street number/name:

City: State/province:

Dominican Republic

Country: Zip/postal code: Phone:

*If the organization responsible for payment is tax exempt, please attach documentation. If the organization is based in one the following countries, please include VAT or tax ID.

Albania Argentina Australia Austria Bahrain Belarus Belgium Bolivia Brazil Bulgaria Canada Chile Colombia Costa Rica Croatia Cyprus Czech Republic Denmark

Ecuador El Salvador Estonia Finland France Germany Greece Guatemala Honduras Hungary Iceland India Indonesia Ireland Isle of Man Italy Kuwait

Latvia Lithuania Luxembourg Malta Mexico Monaco Netherlands Nicaragua Norway Panama Paraguay Peru **Philippines** Poland Portugal Qatar Romania Russia

San Marino
Saudi Arabia
Serbia
Slovakia
Slovenia
South Africa
Spain
Sweden
Switzerland
Turkey
Ukraine
United Arab
Emirate
United Kingdom
Uruguay

Venezuela

10/17/2022