Application For Certified Forensic Security Responder



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

OpenText-owned facility:	• I am enrolled in the Incid courses. Indicate the location for w	lent Investigation and Host Ir	ntrusion and Methodology	
Authorized Training Partner:				OPENTEXT
O My organization has prepaid for a testing voucher. Provide your OpenText reference number: Provide your OpenText reference number: Application Information O Mr. O Ms. Last Name: First: First: Middle: Middle: Preferred mailing address and contact information for all CFSR-related items. *Please provide a physical address; we cannot ship to P.O. boxes. Street: City: Cutry: Daytime phone number: Email**: **Please include the email address to which you wish to receive your testing and log-in instructions. Organization Information Current Agency/Company: Street: City: Current Agency/Company: Street: Previous Agency/Company: Street: Previous Agency/Company:				
Last Name: First: Middle: Name spelling/format for certificate: Preferred mailing address and contact information for all CFSR-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: Email**: **Please include the email address to which you wish to receive your testing and log-in instructions. Organization Information Current Agency/Company: Street: State/Province: City: State/Province: Country: State/Province: Daytime phone number: Fax Number: Email: Previous Agency/Company: Street:		e		
Name spelling/format for certificate:	Application Information	O Mr. O Ms.		
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*Please provide a physical address; we cannot ship to P.O. boxes. Street: City:	Name spelling/format for certifica	ate:		
Country:	*Please provide a physical addre	ess ; we cannot ship to P.O. boxe		
Daytime phone number: Fax Number: Email**: **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:	
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Email**: **Please include the email address to which you wish to receive your testing and log-in instructions. Organization Information Current Agency/Company: Street: City: Country: Daytime phone number: Email: Previous Agency/Company: Street: Street:				
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	Previous Agency/Company:			
City: State/Province:	Street:			
	City:		State/Province:	
Country: Zip/Postal Code:	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 boxes are checked.*

- **O** Yes, my contact information and CFSR status are releasable to persons who request information from OpenText.
 - □ Name and contact info available online in a CFSR database for consultant referrals.
- **O** No, I do not want OpenText to publicize my CFSR 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 forensic security experience ______. Please list experience related to forensic security. This may include but is not limited to cyber attack preparation and detection, prioritization, root-cause analysis, containment, investigation of malware, response to computer-related incidents where unauthorized access was gained into a network or computers within a network, and remediation and recovery. Also include names of employers if any. If you run out of room, you may include additional pages.

• <u>Training Qualifications</u> : Please provide de computer forensics training.	ocumentation confirm	ning that you have c	ompleted 64 hours of
EnCase Training			
OpenText-provided course:			
Start Date:	Location:		
Start Date:	Location:		
Training Qualification (other than EnCase 7	<u> Training)</u>		
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 trainin Responder. The information contained in this my knowledge.			-
Signature:		Date:	
 Digitally certified signed applications may <u>EnCaseCertification@opentext.com</u>. Hand-signed applications must be mailed w OpenText Attn.: Certification Coordinator 1055 E. Colorado Boulevard, Suite 400 Pasadena, CA 91106-2375 		il with attachments t	0
After the information contained on this applica	tion is verified, you w	vill be contacted by th	ne Certification
Coordinator for the Phase I certification test pay			
https://www.opentext.com/what-we-do/services/t	<u>training-and-learning-s</u>	ervices/course-catalog	<u>gue/encase-</u>
training/certifications			