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.

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○ 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: ____________________________

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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.