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 testing voucher.
   Provide your OpenText™ EnCase Training reference number: _________________

☐ I will be taking the EnCEP Phase I test at OpenText™ Enfuse Conference.

Application information

☐ Mr. ☐ Ms.

Last name: ___________________________ First: ___________________________ Middle: ___________________________

Name spelling/format for certificate: ____________________________________________________________

Preferred mailing address and contact information for all EnCEP-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 where you wish to receive your testing and log in instructions.

Experience and training qualifications

Work experience

☐ Experience qualifications. Number of collective months of electronic discovery experience: ____________.

Current organization information

Current agency/company: __________________________________________________________

Street: __________________________________________________________

City: ___________________________ State/province: ___________________________

Country: ___________________________ Zip/postal code: ___________________________

Daytime phone number: ___________________________ Fax number: ___________________________

Email: ___________________________

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.

_____________________________________________________________________________________

_____________________________________________________________________________________

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Past organization information

Previous agency/company: 
Street: 
City: 
State/province: 
Country: 
Zip/postal code: 

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.


Training completed

☐ Training qualifications. Please provide documentation confirming that you have completed 32 hours of training on OpenText™ EnCase™ eDiscovery.

OpenText-provided EnCase eDiscovery Training:
Start date: 
Location: 

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

Signature: 
Date: 

• Submit applications signed with a digital certificate or hand-signed and scanned along with supporting documentation via email to: EnCaseCertification@opentext.com.
• Hand-signed applications and supporting documentation may be mailed 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.
The cost of the examination is $150 USD.

**Billing information**

Individual/organization responsible for payment: 

Street: __________________________

City: ___________________________ State/province: __________________________

Country: __________________________ Zip/postal code: __________________________ Phone: __________________________

If paid prior to invoicing, payment details/reference: __________________________

Payment options: (circle one) Purchase order Net 30 Credit card Money transfer

Do not provide payment details on this form or include payment with the completed form; indicate your preferred payment option and you will be contacted for the details.

*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.*

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