

Application For EnCase® Certified eDiscovery Practitioner



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

- My organization has prepaid for a testing voucher.
Provide your Guidance Software reference number: _____
- I will be taking the EnCEP® Phase I test at Enfuse™.

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: _____

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

Experience and Training Qualifications

○ **Experience Qualifications:** Number of **months** of e-discovery experience _____. Please list experience related to e-discovery. This may include but is not limited to planning, project management, ESI collection, processing, load-files creation, review, production, 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 32 hours of training on EnCase® eDiscovery.

OpenText-provided EnCase eDiscovery Training:

Start Date: _____ Location: _____

Statement of Qualifications:

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: _____

- Digital certificate signed applications may be submitted via email with attachments to EnCaseCertification@opentext.com
- Hand-signed applications may be faxed or mailed with attachments to:
 OpenText
 Attn.: Certification Coordinator
 1055 E. Colorado Boulevard, Suite 400
 Pasadena, CA 91106-2375
 626-432-9558

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>