opentext™

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:

Application information

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 number/name:

City:		State/province:	
Country:		Zip/postal code:	
Phone:		Fax:	

****Please provide the email address associated with your OpenText Learning Services account.**

Primary email:		Secondary email:	

Experience and training qualifications

Work experience

☐ **Experience qualifications.** Number of **collective months** of eDiscovery experience:

Current organization information

Current organization/agency name:

Title/department:

Street number/name:

City:		State/province:	
Country:		Zip/postal code:	
Phone:		Fax:	

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.

Past organization information

Previous organization/agency name:	
Title/department:	
Street number/name:	
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 Continuing Professional Education (CPE) hours of training on OpenText™ eDiscovery Training with OpenText™ Information Assurance.

OpenText-provided eDiscovery Training with OpenText Information Assurance:

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 electronic applications signed with a digital certificate or hand-signed and scanned along with supporting electronic documentation via email to EnCaseCertification@opentext.com.

After the information contained in 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 list below, 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:	
Country:		Zip/postal code:	
Phone:			

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

Albania	Dominican Republic	Latvia	San Marino
Argentina	Ecuador	Lithuania	Saudi Arabia
Australia	El Salvador	Luxembourg	Serbia
Austria	Estonia	Malta	Slovakia
Bahrain	Finland	Mexico	Slovenia
Belarus	France	Monaco	South Africa
Belgium	Germany	Netherlands	Spain
Bolivia	Greece	Nicaragua	Sweden
Brazil	Guatemala	Norway	Switzerland
Bulgaria	Honduras	Panama	Turkey
Canada	Hungary	Paraguay	Ukraine
Chile	Iceland	Peru	United Arab Emirates
Colombia	India	Philippines	United Kingdom
Costa Rica	Indonesia	Poland	Uruguay
Croatia	Ireland	Portugal	Venezuela
Cyprus	Isle of Man	Qatar	
Czech Republic	Italy	Romania	
Denmark	Kuwait	Russia	