

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 to Provide your OpenText™ EnCase Trans		
Application Information		
Last name:	First:	Middle:
Name spelling/format for certificate:		
Preferred mailing address and contac *Please provide a physical address; w		
Street number/name:	0, , ,	
City:	State/province:	
Country:	Zip/postal code:	
Phone:	Fax:	
**Please provide the email address wl instructions.	nere you wish to receiv	e your testing and log in
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/pr	ovince:
Country:	Zip/post	al code
Phone:	Fax:	

Past organization information	
Previous organization/agency name:	
Title/department:	
Street number/name:	
City:	State/province:
Country:	Zip/postal code
• • • • • • • • • • • • • • • • • • •	digital forensics you performed for the agency/company s not limited to, imaging, analysis, restoration, and sworr
Training completed	
	ovide documentation confirming that you have completed 32 scovery Training with EnCase [™] Information Assurance.
OpenText-provided eDiscovery Trail Start date:	ning with EnCase Information Assurance: Location:
	nd training requirements to apply to become an EnCase e information contained in this application and he best of my knowledge.
Signature:	Date:
with supporting electronic document	d with a digital certificate or hand-signed and scanned along ration via email to EnCaseCertification@opentext.com . pporting documentation may be mailed to:

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.

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 Billing information	examination is \$500 USD. tion			
Individual/organ	ization responsible for payme	nt:		
Street number/n	ame:			
City:		State/province:		
Country:		Zip/postal code	Phone:	
Payment details	/reference if paid prior to invo	icing:		
Tax ID/VAT regi	stration*:			
Payment option (select one)		Net 30 ☐ Credit card ☐	Money transfer	
		r include payment with the com ou will be contacted for the deta	•	
•		s tax exempt, please attach doc ntries, please include VAT or ta		

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12/2/2021

Denmark