

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: _____

Application Information

Mr. Ms.

Last Name: _____ First: _____ Middle: _____

Name spelling/format for certificate: _____

Preferred mailing address ~~and~~ contact information for all ~~EnCE~~ 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 -

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.

- Training Qualifications : Please provide documentation confirming that you have completed 64 hours of computer forensics training.

EnCaseTraining

OpenText-provided EnCase® course:

Start Date: _____ Location: _____

Start Date: _____ Location: _____

Training Qualification (other than EnCaseTraining)

Title of training course: _____

Number of classroom hours: _____ Dates of training: _____ to _____

Agency/company providing training: _____