

# 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™.  
You must be a registered attendee at the conference to participate  
(<https://www.guidancesoftware.com/Enfuse/Pages/overview.aspx>).

## **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 Guidance Software, Inc.
  - Name and contact info available online in an EnCEP database for consultant referrals.
  
- No, I do not want Guidance Software, Inc. to publicize my EnCEP status but I acknowledge and agree that Guidance Software, Inc. 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.

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○ **Training Qualifications:** Please provide documentation confirming that you have completed 32 hours of training on EnCase® eDiscovery.

Guidance 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 certification@guid.com.
- Hand-signed applications may be faxed or mailed with attachments to:  
 Guidance Software, Inc.  
 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 <http://www.guidancesoftware.com/computer-forensics-training-encep-certification.htm>