

EC-Council Master Trainer Application Form

Requirements:

Every EMT must meet stringent certification and instructional requirements. They are required to undergo an annual review (held in the month of March) to ensure continuous proficiency and expertise. A renewal application must be submitted to EC-Council and upon meeting the stringent criteria, the EMT statuses will be renewed for one year. The following are the minimum criteria to qualify as an EMT:

- **Application:** You must first submit the EMT Application Form to EC-Council.
- **Active:** You must have actively contributed to various causes of EC-Council; including submission of exam questions, courseware development & improvement feedback/assistance, speaking or presenting on any EC-Council platform, shared instructional best practices and exchanged knowledge with the EC-Council information security community.
- **Technical Training:** You must have 3 years and above of technical training background in the information security field.
- **Certified:** You must be a current Certified EC-Council Instructor(CEI) in good standing, for a minimum of 24 months
- **Evaluation:** You must possess an overall evaluation feedback (MTM or ECC-EVAL) of above 80% for instructional portion.
- **EC-Council Training:** You must have conducted a minimum of 6 approved EC-Council training within a 12 months period, prior to date of application.
- **Specialization:** You must be certified with the latest versions of EC-Council certification that is related to your specific field of expertise. Should you fail to keep your certification updated with the newest EC-Council exam within a 90 days period from its launch, EC-Council reserves the right to revoke your status as a Master CEI.
- **Recommendation:** You must be recommended by an Accredited Training Center (ATC) or nominated by EC-Council.

EC-Council Master Trainer Application Form

Please complete the following details:

Name: _____

Training Center you work for: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Country: _____

Email: _____ Contact Number: _____

Your application must be recommended by an ATC or nominated by EC-Council.

Name of Recommender:

Signature: _____ Date: _____

Name: _____

Position: _____

Company Name: _____

Company Address: _____

_____.

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Your Signature:

Signature: _____ Date: _____

Name: _____

Title: _____

You can fax these documents to 1-505-212-0667

You will be notified of your EMT application status within 14 working days.

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