**F2 Stand-alone Programme 2025**

**Primary Medical Qualification (PMQ) Confirmation Form**

**All applicants for F2 Stand-alone 2025 are required to upload evidence of their primary medical qualification (PMQ) within the application form on Oriel.**

To evidence your PMQ, you may **only** provide either:

* a copy of your PMQ certificate, **OR**
* a completed copy of this form

If you have not yet qualified from medical school, or you have qualified but not yet been provided with your certificate, you **must** use this 2025 Primary Medical Qualification (PMQ) Confirmation Form template as evidence.

**The UKFPO will not accept any other evidence of a PMQ** (for example, a transcript or graduation statement) without a certificate. Only evidence provided on this form template will be considered.

**Instructions:**

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| You **must** use this form template if: |  | **Do not** use this form template if: |
| * You have **not yet qualified** from medical school (you are still a medical student).   **OR**   * You have qualified from medical school but have **not yet received** your PMQ certificate (it has not yet been issued to you). |  | * **You have received your PMQ certificate.**   You **must** upload a copy of your PMQ certificate if you already have it.  Refer to the [UKFPO website](https://foundationprogramme.nhs.uk/programmes/f2-stand-alone/) for full guidance. |

**Further information:**

* Fields marked with an asterisk (**\***) are mandatory and **must** be completed.
* The form **must** be signed, dated, and stamped by the medical school Dean or an authorised official in the Registrar’s office.
* You **must** upload this completed document onto your application form on Oriel.
* Failure to provide the form (where one is required) will result in the application being deemed unsuccessful.
* Inked, electronic, and typed signatures are acceptable.
* Inked and electronic stamps are acceptable.
* **Forms which have been physically embossed will not be accepted** as these cannot be interpreted reliably after being scanned or photographed.
* A PMQ will only be accepted as evidence of English language proficiency if it was gained from a medical school/university in a country where English is the first and native language. The GMC maintains a [list of countries where English is a first and native language](https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english/using-other-types-of-evidence). The UKFPO will refer to this list when making decisions about applications. Refer to the 2025 F2 Stand-alone applicant guidance for full details.
* If the form does not meet the specified requirements, it will not be accepted as sufficient evidence of your PMQ, and your application may be deemed unsuccessful.

**Primary Medical Qualification (PMQ) Confirmation Form**

This section **must** be completed by the medical school Dean or authorised official in the Registrar’s office.

|  |  |  |  |
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| **Applicant surname \*** | Click or tap here to enter text. | | |
| **Applicant first name \*** | Click or tap here to enter text. | | |
| **Qualification status \***  Please select one option and provide the | The applicant has qualified from this medical school but has not yet received their primary medical qualification certificate. | **OR** | The applicant is expected to qualify from this medical school. |
| **(Expected) qualification date \***  Meeting date of examination ratification board | Date of qualification:  Click or tap to enter a date. | **OR** | Expected date of qualification:  Click or tap to enter a date. |
| **Course title and degree \*** | Click or tap here to enter text. | | |
| **Degree classification/pass level**  If applicable/relevant | Click or tap here to enter text. | | |
| **Name of medical school/university \*** | Click or tap here to enter text. | | |
| **Address of medical school/university \*** | Click or tap here to enter text. | | |
| **Country and postcode \*** | Click or tap here to enter text. | | |
| **Full name of signatory \*** | Click or tap here to enter text. | | |
| **Position/job title \*** | Click or tap here to enter text. | | |
| **Declaration \*** | **YES** - I am the Dean or other official in the Registrar’s office with the authority to complete and sign this form on behalf of the above-mentioned medical school. | | |
| **Signature \***  Inked, electronic, and typed signatures are acceptable | Click or tap here to enter text. | | |
| **Official stamp of medical school \***  Inked and electronic stamps are acceptable. Physically embossed forms will **not** be accepted |  | | |
| **Date \***  (DD/MM/YYYY) | Click or tap to enter a date. | | |

**Instructions to signatory:** Once fully completed, please return it to the applicant, who **must** upload it to their application form on Oriel.