**UK Foundation Programme (UKFP) 2026**

**Form to confirm the details of your primary medical qualification (PMQ)**

As part of your UKFP 2026 eligibility application, you must be able to evidence that you have, or will gain, an acceptable primary medical qualification (PMQ).

If your PMQ certificate has not yet been issued to you (for example, you are still a medical student or you have very recently qualified from medical school), you must provide a completed copy of this form to confirm the details of your PMQ.

**Instructions**

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| You **must** use this form if: |  | **Do not** use this form if: |
| * Your PMQ certificate has not yet been issued to you (you have recently qualified from medical school)   **OR**   * You have not yet qualified from medical school (you are still a medical student) |  | * 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/2-year-foundation-programme/eligibility-information/ukfp-2026-eligibility-applications-what-you-will-need/primary-medical-qualification/) for full guidance. |

If you need to provide a copy of this form, it **must**:

* Be fully completed - all fields marked with an asterisk (\*) are mandatory.
* Be signed and/or stamped by the medical school Dean or another authorised official in the Registrar’s office.
* Be uploaded and attached to your eligibility application on Oriel.

**If the document you upload and attach to your application does not meet the specified requirements, it will not be accepted as sufficient evidence of your PMQ, and the application will be deemed ineligible.**

**General information**

* You do not need to include this cover sheet with your application – only the form is required.
* We are unable to accept documents saved as .pages file type.
* Inked, electronic and typed signatures are acceptable.
* The official medical school/university stamp **must** either be electronic or inked – physically embossed forms cannot be accepted as they cannot be interpreted reliably after being scanned or photographed.
* Using your PMQ as evidence of your English language proficiency: you can use your PMQ as evidence of your 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.

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| **APPLICANT DETAILS** | | | | |
| First name **\*** | Click or tap here to enter text. | | | |
| Surname **\*** | Click or tap here to enter text. | | | |
| Please select **\*** |  | Recently qualified from medical school and not yet received PMQ certificate | | |
|  | Expected to qualify from medical school on:  Click or tap to enter a date. **\*** | | |
| **PMQ DETAILS** | | | | |
| Course title and degree **\*** | Click or tap here to enter text. | | | |
| Degree classification/pass level | Click or tap here to enter text. | | | |
| Date of qualification **\*** | Click or tap to enter a date. | | | |
| **MEDICAL SCHOOL DETAILS** | | | | |
| Name of medical school or university **\*** | Click or tap here to enter text. | | | |
| Address of medical school or university **\*** | Click or tap here to enter text. | | | |
| Country and postcode **\*** | Click or tap here to enter text. | | | |
| **SIGNATORY DETAILS** | | | | |
| Full name **\*** | Click or tap here to enter text. | | | |
| Position/job title **\*** | Click or tap here to enter text. | | | |
| Signature **\***  Inked, electronic and typed signatures are acceptable | Click or tap here to enter text. | | | |
| Stamp of medical school/university **\*** |  | | | |
| Date of completion **\*** | Click or tap to enter a date. | | | |
| **SIGNATORY’S DECLARATION** | | | | |
| *I am the Dean, or another official in the Registrar’s office with the authority to complete and sign this form on behalf of the above-mentioned medical school.* **\*** | | |  | Yes |
|  | No |
| **Instructions to signatory:** once completed, please return this form to the applicant, who must upload and attach it to their eligibility application on Oriel. | | | | |