

9.g Foundation Programme Certificate of Completion (FPCC)



Foundation Programme Certificate of Completion (FPCC)

(DOCTOR'S NAME)

GMC number:

Foundation school:

Medical school:

undertook the following F2 training:

	Specialty	Clinical Supervisor	Local Education Provider	UK APS*	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1				Yes/No		
2				Yes/No		
3				Yes/No		
4				Yes/No		

* UK APS = Approved practice setting in the United Kingdom. UK APS is an organisation approved by the GMC as suitable for doctors new to full registration, or returning to the medical register after prolonged absence from UK practice. See GMC for more details.

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of the foundation programme (F2) as laid down by the General Medical Council and set out in the *foundation programme curriculum* and the *foundation programme reference guide*.

Signature: _____ Name: _____

Designation: Foundation School Director Date: _____