

# Association of Professionals Treating Problem Gambling



**APTPG**

**Join Us Now!**  
[www.aptpg.org](http://www.aptpg.org)

**APTPG, Inc.**  
c/o Ken Litwak  
24 Iowa Avenue  
Absecon, NJ 08201

## Mission Statement

We are mental health and addiction professionals, working together to advance the most effective means to identify and treat problem gambling behaviors and gambling disorders, while providing a common voice for our colleagues.

## Who We Are

APTPG is a specialized professional association. APTPG was created to fill a need among clinicians in the compulsive gambling addiction field. Such collegial organizations are essential for the ongoing development and improvement of knowledge base and skills. APTPG activities are directed toward answering the question, "What are the commonly accepted state of the art criteria and practices in the treatment of compulsive gambling?"

The Association of Professionals Treating Problem Gambling (APTPG) hosts educational and informative workshops. Each workshop may award 2 CEUs to attendees.

APTPG meets bi-monthly on the second Saturday of the month. Until further notice, meetings are held remotely via Zoom. Prior to the workshop presentation, time is allotted for a brief business meeting, with discussion of current gambling trends, policies, and news.

Interact with some of the leading problem gambling addiction authorities from the Mid-Atlantic region. Seize this opportunity to share and gain knowledge.

Here are some examples of past APTPG workshop presentations:

*"Gambling:  
Impact on the Family"*

*"Senior Gambling:  
A Growing National Concern"*

*"Gambling and the Criminal Justice  
System"*

*"Brain Chemistry and Gambling"*

*"Gambling:  
Female Specific Issues"*

*"Language of Recovery – Combatting  
Gambling Addiction Stigma"*

## Join Us Now!

### Yearly Association Dues:

- \$30.00 Licensed/Certified Professionals
- \$10.00 Students

*Please indicate:*

- New Member
- Renewal

**Please make checks payable to  
APTPG, Inc.  
and mail to:  
APTPG**

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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Credentials \_\_\_\_\_

Agency \_\_\_\_\_

### For More Information:

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[drmarty@comcast.net](mailto:drmarty@comcast.net)**

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